

Mental Health and Becoming a Teacher:  
A Narrative on the Experiences and Identities of Teacher Candidates

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## **Abstract**

This study used narrative inquiry to shed light on the identity development of teacher candidates who experienced mental health issues during teacher education programs. The study sought to examine (a) stories that teacher candidates tell about being in a teacher education program while experiencing mental health issues; (b) identity development of teachers who have experienced mental health issues; and (c) how narratives of teacher candidates and beginning teachers challenge stereotyping and stigmatization. Through discussion and letter correspondence, the participants and I shared stories that represented our lived experiences. The study explored our stories using the 3 commonplaces of temporality, sociality, and place from a theoretical framework of narrative inquiry. Four themes emerged from the data analysis: the stigmatization of mental health issues; dealing with conflict; the need for a safe and supportive environment; and the complexity of mental health issues. This study contributes to the literature by exploring the lived experiences of teacher candidates and beginning teachers with mental health issues. The narratives inform teacher education programs, the teaching profession, and the mental health field.

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## Table of Contents

	Page
Abstract .....	ii
Acknowledgments.....	iii
CHAPTER ONE: INTRODUCTION TO THE STUDY .....	1
Mirroring Morgan.....	2
Preparing for the Journey .....	4
Who Tells the Story? .....	7
Research Issue .....	15
Purpose of the Study.....	18
Statement of the Research Problem.....	21
Research Questions .....	23
Rationale of the Study .....	23
The Role of Narrative Inquiry .....	27
Three-Dimensional Continuum as My Theoretical Framework.....	28
Scope and Limitations .....	33
Overview of the Study.....	34
CHAPTER TWO: REVIEW OF THE LITERATURE .....	35
Students Who Experience Mental Health Issues in Higher Education .....	35
Why Address Mental Health Issues in Higher Education? .....	38
Mental Health Issues and Teacher Education .....	39
Grand Narratives of Mental Health .....	43
Constructing Barriers.....	47
Invisibility and Disclosure.....	51
Encouraging Teacher Reflection and Complicating Ideas .....	52
Summary.....	54
CHAPTER THREE: METHODS AND PROCEDURES .....	56
Participant Selection.....	57
Participant Descriptions.....	59
Use of Field Notes and Field Texts in a Narrative Inquiry .....	64
Analysis of the Data .....	72
Trustworthiness of Data .....	79
Ethical Considerations.....	81
Summary.....	85
CHAPTER FOUR: BREAKING THE SILENCE BY SHARING STORIES .....	86
Amelia’s Narrative—Stigmatization of Teachers With Mental Health Issues...	87
Brienne’s Narrative—Dealing With Conflict in Teacher Education .....	97
Charlotte’s Narrative—A Sense of Belonging .....	109
Caitlin—The Complexity of Narratives About Mental Health .....	123

CHAPTER FIVE: SUMMARY OF FINDINGS .....	135
Purpose of the Research .....	137
Summary of the Findings .....	139
Situating the Findings in the Canadian Mental Health Landscape.....	144
Bringing the Teacher Experience Into the Conversation .....	147
Implications for Theory .....	151
Limitations.....	152
Future Research Possibilities.....	153
Concluding Thoughts .....	155
References .....	158
Appendix A: Questions for Participants .....	174
Appendix B: Narrative Shared With Participants .....	176

## CHAPTER ONE: INTRODUCTION TO THE STUDY

The World Health Organization (2010) states that “Mental health is an integral part of health; indeed, there is no health without mental health” (para. 2). Mental health can be impacted in a variety of ways by social, biological, and psychological factors. Mental health issues can impact an individuals’ ability to cope with the stress of everyday life, understand their own abilities, be productive at work, and contribute to the larger community. The term *mental health issue* is very broad and includes “excessive stress; anxiety; depression; burnout; addictions and substance abuse; and mania, bipolar, and schizophrenia disorders, among others” (Thorpe & Chenier, 2011, p. 6). Mental health issues are prominent and affect an estimated one in five Canadians during their lives (Mental Health Commission of Canada, 2012). Despite the importance of mental health issues, I did not always pay attention to the ways my depression shaped not only my experiences in teacher education as a teacher candidate but also my identity as a teacher. I often remained silent and did not share my experiences because I was afraid that I would be seen as unreliable, untrustworthy, or unacceptable as a teacher. I was also silenced by others, such as concerned friends and family members who begged me not to share my personal experiences in the study in fear that I “would never be hired as a teacher” because, in their view, teachers should not experience mental health issues. This is not to suggest that I have become public and outspoken regarding my experiences of depression; in fact, I am still quite silent about it in some facets of my life. I am learning and growing through this process, trying to negotiate where this will take me next. I am willing to challenge society’s marginalization of those who experience mental health issues.

For this Master of Education thesis, I use narrative inquiry to contribute to the literature by exploring the experiences and identities of teacher candidates and beginning teachers who have experienced mental health issues. This narrative inquiry is not meant to present a fairy-tale ending. Rather, it is a journey in progress. I intend to take the readers along as I explore the meaning the participants and I have created through narrative and as I reflect on who I am as a beginning teacher. The two terms I use in this thesis to refer to the participants are *teacher candidate* and *beginning teacher*. Teacher candidate refers to the participants when they were situated in their teacher education programs. Beginning teacher refers to the participants after completion of teacher education. Three teacher education graduates and I (also a recent teacher education graduate) share stories of learning, teaching, and living. As the researcher, I also share my journey through the research process and the understanding that emerged through interaction with my participants. The purpose of this thesis is to: explore the stories that teacher candidates tell about being in a teacher education program while experiencing mental health issues; illuminate identity development of teachers who have experienced mental health issues; and describe how narratives of teacher candidates and beginning teachers can challenge stereotyping and stigmatization.

### **Mirroring Morgan**

The realization that mental health issues were remotely related to education developed during my second teaching block of my teacher education program, when I met Morgan. I wrote narratively on this experience:

Morgan was a grade 8 girl who always wore long sweaters and shirts to hide her scars. My associate teacher informed me of Morgan's difficult life situation and

struggles with mental health issues, including self-harm, depression, and suicide attempts. Most of the teachers expressed a feeling that it was not their problem. It was about halfway through my block that Morgan came to class in a t-shirt, with her deeply scarred arms showing. My associate was shocked and attributed it to the fact that she must have felt comfortable with me.

On a particularly rough day, Morgan refused to leave the nurse's office because it was the anniversary of her mother's death. On that day, I sat in the room in silence with Morgan, unsure what to say. I felt so much pain because I felt like a mirror had been placed before me. I, too, had mourned every year that passed after my father's death, but I never showed it or mentioned it to anyone, not even my mother or brother. I simply acted as if I remembered it was the anniversary of his death and yet sobbed alone at his grave.

The teachers explained the student's problems as being from a "bad home." Mental health issues in this class were attributed to the poverty and abuse (be it sexual, physical, or drug and alcohol related) that these students experienced at home. It seemed to me that these students were being written off as lost causes. However, I, too, had suffered with depression and suicide attempts when I lost my father when I was 15. I could empathize with what they were feeling. As I sat with Morgan, more questions formed and I feared how I would be viewed as a teacher if anyone knew my own experiences with depression. In this school environment, discussions of mental health were not welcomed. I sat with Morgan for a long time without saying much. I had no idea what to say or how to react. I was so saddened, scared, and confused that I could not say a word.



I do not know what Morgan could tell from my lack of speech, but after our time together, she thanked me and offered what appeared to be a genuine smile. I couldn't help but feel that I had failed in that situation and I couldn't shake the feeling. I felt as though I should have done more for her. Perhaps I should have had the courage to share with her on a deeper level; I would always feel guilty about that. I wanted to think that I would never let that happen again, but I did, over and over again being silent. I was so fearful of what others would think of me and that they would discover my secret. (Personal reflection, August 31, 2011)

In the narrative above, Morgan's experiences of mental health issues present a mirror image of my own. This interaction with Morgan was the first time that I personally witnessed a suffering that I could relate to. Yet, in that moment, I was left scared and uncertain of how to react. Ciuffetelli Parker and Cherubini (2008) explain that "the potential that existed to learn from each other's proverbial mirror image" (p. 28) was by examining common experiences and narratives. The authors further elaborated that in their collective narrative, they were "provided glimpses into each other's trials, tribulations, and triumphs" (p. 27). I have returned to this experience by studying the topic and I narrate it in hopes of learning further about myself and my future students. I am no longer alone as I live alongside my participants listening to stories and telling my own.

### **Preparing for the Journey**

Throughout my experience as a teacher candidate and beginning teacher, not a single friend, colleague, associate, instructor, or cohort leader knew that I was experiencing depression and had been for years. I was scared to share this with anyone. When I perceived that my depression was becoming known to others, I would make

excuses for the consequent absences or play off my odd behaviour as stress or sickness. I continued this action of hiding as I entered my Master of Education program:

To the world, I was strong and successful, yet inside I felt as though I were crumbling apart. In my first semester of the Master of Education program, I reached a crisis point. After crashing from a severely manic phase, I was in a dangerously suicidal state and had to be admitted to the hospital. While in the psychiatric ward, I stood in the hallway staring at a young girl who was screaming and convulsing, begging for someone to kill her, while her mother and sister desperately tried to comfort her. I ran to my room. That girl was not just a stranger to me. She was Anne, the sister of a student from my teaching practicum in my teacher education year. I wanted to rip out my heart as I lay in bed listening to her. I heard her mother try to comfort her, the same mother with whom I sat in parent-teacher interviews just a short year ago while my associate discussed her daughter's mental health problems. My associate told her mother that the issues described were not evident in class and that maybe the child was taking advantage of her or the mother was overreacting. (Personal reflection, August 31, 2011)

Entering the hospital required me to take time off from studies. In order to do so, I had to end my silence about mental health issues and inform the department and my instructors about what I was experiencing. This was my first step in feeling more comfortable about sharing my stories of depression. This promoted me to examine mental health issues for my thesis. Often I was asked why I had chosen this topic. This required me to share that this topic was personally relevant because of my own lived experiences of depression. After hearing about my study, three teacher colleagues shared with me that they, too, had

experienced mental health issues during their teacher education studies. I realized in disbelief that there had essentially been a potential support network amongst my teacher colleagues, but we had consciously decided to remain silent about our experiences. This encourages me to re-examine what I know about teacher candidates and their experiences of becoming a teacher. Also, I must be able to question my views and beliefs regarding the development of teacher identity in order to respect the lived experiences of those teacher candidates and beginning teachers who have experienced, are experiencing, or may experience mental health issues.

Exploring lived experience allows a glimpse into the lives of teacher candidates and beginning teachers with mental health issues. However, there is a troublesome lack of narratives and stories regarding individuals with mental health issues. For example, Karp (1994) noted, “Although there is a huge amount of literature on depression, there has been little effort to learn how sufferers themselves talk about and subjectively experience depression” (p. 8). Karp further elaborated, “aggregate data misses the experience of depression from the point of view of the individual. Nowhere in the literature do depressed persons speak for themselves” (p. 9). Karp brought up a very important issue that has been explored throughout this study: people with mental health issues have rarely been allowed to tell their own stories or have felt comfortable doing so. For my study, this brings the stigmatization, stereotyping, and discrimination against people with mental health issues to the forefront of our analysis.

This study aims to respond to Siebers’s suggestion that we “chart the road not yet taken to arrive at classrooms attentive to mental diversity of students and teachers in higher education” (as cited in Price, 2011, p. xi). This study is a narrative inquiry within

which I have metaphorically packed my bag and begun charting the *road not taken*. It may not be an easy road; it certainly has not been an easy preparation. My review of the literature on students with mental health issues has confirmed that although the road has not been taken, it must be. Sharing my own and my participants' stories is part of this process. If we do not set out on this journey, we are ignoring, as Siebers argues, the "secret population of teachers, students and staff who think differently" and denying that "minds are numerous and variable" (as cited in Price, 2011, p. xi). As I journey, I ask you to join me as my travel companion.

### **Who Tells the Story?**

I recently attended a storytelling event for children at the reading support program I worked for. The children, tutors, and I gathered around as a masterful storyteller told us a beautiful, mystical, and engaging story. It was amazing to see children and adults alike leaning forward, eyes bright with excitement for what was next to come. In that moment, I saw how entertaining and engrossing a story can be. We love to be entertained and the way a story is told shapes our interpretation. Had the storyteller simply read a story, it would not have been the same. The details, expressions, and sound effects brought it to life.

As I later reflected, I realized that I had been told stories about people with mental health issues my whole life, which shaped how I view others and myself. It was often the story of the evil, "crazy" villain in the superhero films, shows, comics, and video games that I was engrossed in as a child. It was usually a man who sometimes experienced a crisis and went crazy, wanting to wreak havoc and harm innocent people. He was someone who had to be punished and the hero would always get him and lock him away. It usually ended with him being dragged away in a straightjacket to a padded room. There

was also the story of the mentally insane defendants who had to prove they were not guilty, which was told over and over again as I watched the television program *Law and Order* with my mom. It was also the story of the homeless people I saw for the first time in Toronto during a grade-6 field trip. Many were acting odd and speaking to themselves, and were there because they were crazy—or so I was told by my peers. I remember crying when I got home that night because I was so deeply saddened that people were homeless. Then there was the story of the quirky people throughout history who made great contributions, such as Albert Einstein! It was also the story of the serial killers whom my brother told me about from his courses at college. I reflected:

I have been told so many stories about people with mental health problems. But where do I fit into all this? Yes, I have a mental health problem and experience symptoms that seem to sometimes pop up in the stories. But I'm a really successful student and most of the time I seem pretty "normal" to the world. How is it that there is never the story of the many students who experience mental health issues unless it is about an after-school shooting? I'm not the evil plotting super villain. I'm not the homeless person. I'm not violent, like the people on those crime shows. Who am I, then? What is my story? Are there others like me? It would just make me feel a little less alone. (Personal reflection, August 12, 2011)

The above reflection on the stories I had been told and internalized made me realize that I bring a bias from my childhood and adolescence in which the people with mental health issues are crazy or dangerous. In writing this reflection, I was saddened because it showed little critical thought. Before, I was embarrassed in examining these stories and

understanding that I too had played a part in the stigmatization of people with mental health issues because I lived a storied experience where I was shaped to live and think in a certain manner, a manner that was deficit in thinking (Ciuffetelli Parker, 2012a). For a time, I was ignorant to these understandings by failing to remember such events. I prided myself in being inclusive and as a result failed to examine such events and beliefs from my past. Rich (1976) warned that “Every journey into the past is complicated by delusions, false memories, false namings of real events” (p. 15). Although the journey may present pressures and self-deception, it is essential to interrogate them in order to discover the personal meaning and experiences that lay beneath.

The stories I reflected upon came from many sources including society, the media, and other individuals. Examining this past storied experience reveals how stereotypes and discrimination against people with mental health issues continued to impact me in my young adult life. The fear I felt in sharing my story can be seen as a result of my past exposure to negative stereotypes and stigmatization against people with mental health issues. Exploring this reveals how past experiences shape current choices.

### **Challenging the Narratives That Dominate**

Thommeson (2010) defined *master narratives* as “basic narratives which indicate relatively fixed common perceptions in a culture” (p. 2). Thorne and McLean (2003) explained that master narratives “function as cultural standards against which community members feel compelled to position their personal experience” (p. 3). Thommeson further explained that we are often unaware of the master narratives or do not choose to reflect upon them, even though they shape our understandings and interactions with others. Kirkpatrick (2008) demanded a questioning of the oppressive master, or grand narratives

that further the discrimination and stigmatization of people with serious mental illnesses. These narratives focus on poverty, homelessness, criminality, and violence (Kirkpatrick, 2008; Wahl, 1997, 2002). According to Kirkpatrick, as a result of these narratives, individuals with serious mental illnesses are “the least powerful and most oppressed of minorities” (p. 66).

This study is also an examination of the *grand narrative* of education that shapes narratives of teacher education. Clandinin and Connelly (2000) describe the grand narrative as a common approach given to educational research and education without regard for individual circumstances. Unfortunately people often go on without ever questioning the grand narratives that influence school policy. With respect to this inquiry, grand narratives of teacher education programs and curriculum often ignore the lived experiences and narratives of the teacher candidates whose experiences in teacher education may differ from the grand narrative of the university institution. As a result, mental health issues in education continue to be stigmatized.

LaPook (2013) argued that “One way to dispel myths about people with mental illness is to shine a light on them” (para. 4). Through the use of narrative, I have attempted to dispel myths related to mental illness by exploring the lived stories of teacher candidates and beginning teachers who experienced mental health issues. When individuals tell a personal narrative, they may challenge the master narrative and, in doing so, justify the existence of alternative narratives (Thorne & McLean, 2003). It is the small stories shared in this inquiry that validate the experiences of teacher candidates and beginning teachers with mental health issues that differ from the grand narrative.

These narratives are those of the participants and my own, as told in our own words. As previously noted, while there are many empirical studies available on the number of students who have mental health issues and the rates at which symptoms occur, it is extremely difficult to find stories and experiences of mental health issues from a student point of view (Price, 2011). This is not to say that narratives of students experiencing mental health issues do not exist. I have been able to find some through some deep digging in various sources. In each of these rare sources, no matter the mental health issue, experience, or author, there always seemed to be a small connection I could make to my own life that made me feel a little less alone.

As educational researchers and teachers, the examination of stereotyping and stories also calls into question the stories we tell of teacher candidates and beginning teachers who experience mental health issues. Part of this examination also requires an examination of those things that we take for granted as teachers in classrooms, such as attendance and participation. The everyday aspects of school and life can be explored through stories and individual events, which can help us to realize there is more there than what we generally assume. A student absent from class does not necessarily indicate a lack of interest in the course; perhaps it is more. What if they are too depressed to attend? These actions that we take for granted shape many interactions in the academic and teaching world.

In this inquiry, the participants and I took time to reflect on what we knew about mental health issues in higher education and, more specifically, teacher education. What we knew was based on what we had experienced, seen, heard or, in some cases, assumed. Analyzing my own responses, I came to the conclusion that most of what I knew was not



contextualized or based on research. I quickly realized what sorts of grand stories the participants and I had been told about students in higher education with mental health issues. A story told commonly in the media was the grand narrative (Clandinin & Connelly, 2000) of the dangerous and violent students in school shootings (Price, 2011). Price (2011) explains that this is one of the most common images of students with mental health issues that circulates and further provokes fear and stigmatization. Kadison and Digeronimo (2004) reminds us that despite the rarity of violent attacks on students, “every time there is a campus tragedy like these the ripple effect touches thousands of college students and makes them feel insecure and vulnerable, even if momentarily” (p. 79). The participants and I also heard stories from friends of students who were considered to be too weak to meet the demands of university life, or the tragic stories of students who were so depressed that they later took their own lives.

The more we dissected the grand narratives, the more evident it became that we, too, held stigmatizing views. Self-stigmatization limits discussion because it makes people fearful of sharing their experiences and stories. Undoubtedly, either through personal experience, the media, or societal influences, we assumed a priori beliefs regarding mental health issues. Conquering the stigma and stereotypes we may have internalized is not an easy task, especially when we continue to be fed these images through the media (Wahl, 2007). In fact, various studies have found that the general public agrees with stigmatizing statements regarding people with mental health problems (Becker, Wajeeh, Ward, & Shern, 2002). Attempting to overcome stereotyping requires “a deliberate attempt to clear the head of a priori assumptions, myths, prejudices and biases that may be left over from past encounters and irrelevant to relationships in the

present” (McAllister & Walsh, 2004, p. 27). This requires a critical look at past experiences and prior knowledge.

### **Moving to the Personal**

The more comfortable I became discussing the topic with close friends, the more I felt I was not alone in having an interest in this topic. Friends began to share how they felt this issue was under-addressed in preservice teacher education and at the teacher education graduate level. Although personal stories of experience were limited, I was exposed to many heartbreaking stories of mental health issues. The more I researched and discussed, the more I realized I could not be removed from the topic myself. Every word I read shook me to the core and shaped my concept of who I was as a teacher candidate, beginning teacher, friend, daughter, partner, and human being. The more I shared, the more I began to hear stories of others who have been affected by mental health issues as teacher candidates and beginning teachers.

From my current perspective, I feel eager and pleased to have had the opportunity to address this topic. Yet, as a former teacher candidate and as a researcher who experienced depression, I cannot help but feel some trepidation. I fear that my accomplishments will be lessened with the mention of my depression. I fear that my stories of pain and suffering will add to the stereotyping that exists in our educational society. Even in the writing of narratives I have removed and rewritten stories several times after asking the questions: are the stories too much? Will people think of me differently? Will I be discredited? I fear that I will be seen as unreliable, untrustworthy, and unable to research this topic or ever teach again. I have come to this topic not only to dispel the myths for others, but for myself as well, so that I can become a more confident

educator. Part of this process is not concealing my identity with a pseudonym. It is also my hope that I can contribute to the literature through the narrative study of mental health issues.

Thus, I ask readers to approach this study with an open mind. This narrative study, in part, is my attempt to make sense of my lived experiences and build a future for myself as a teacher who pays attention to the storied experiences of others. I am no poster child for overcoming the adversity of mental health issues and will not offer a list of to-dos when working with teacher candidates and beginning teachers experiencing mental health issues. By sharing with you my stories and those of my participants, I hope to challenge your ideas of what becoming a teacher means and who some of the teacher candidates are that inhabit teacher education courses, faculties, and practicums. Issues of depression, suicide attempts, self-harm, alcohol abuse, and mental health issues are not descriptions that come to mind in the discussion of teacher education. Nonetheless, these may be the realities of some of the teacher candidates and others. Campbell (2009) stresses the importance of academics with disabilities or in oppressed situations speaking out and resisting allowing others to speak on their behalves. Spivak (1990) vehemently agrees, asking “why not develop a certain degree of rage against the history that has written such an abject script for you that you are silenced?” (p. 11). I cannot help but wonder whether this rage–sadness–happiness–hurt–suffering–sickness–power which stirs in me now can be released through this narrative inquiry study.

Exploring these emotions and experiences has been an educative experience for the participants and me. It is also an educative experience for the readers of this inquiry because it provides knowledge of the experience of becoming a teacher and experiencing

mental health issues. Johnson and Golombek (2002) explain the educative role of narrative inquiry:

In order to make an experience educative, teachers need to approach narrative inquiry not as a set of prescriptive skills or tasks to be carried out but rather as a mind-set—a set of attitudes, what Dewey (1933) call *open-mindedness* (seek alternatives), *responsibility* (recognizing consequences), and *wholeheartedness* (continual self-examination). (p. 5)

Participating in a narrative inquiry provides the opportunity to develop these attitudes. Narrative inquiry offers not only a research method, but also a way to change one's life through the ending of silence, embarrassment, and powerlessness through the research journey.

In this inquiry the experience of mental health issues, which is often relegated to the sphere of individual failure, is pulled out from the shadows and immersed in the light of a new context. Narrative is a way to explore experience and the teacher knowledge that forms as a result. Connelly and Clandinin (2006) explained that story is “a portal through which a person enters the world and by which his or her experience of the world is interpreted and made personally meaningful” (p. 477). Engaging in this process has been educative for the participants and me because we have been able to explore our teaching selves and our teacher knowledge.

### **Research Issue**

As I began my research proposal, it became evident that a significant population of postsecondary students have mental health issues, many of whose needs were not being met. Furthermore, Canadian college and university campus health professionals

have noticed an increase in the psychological distress of students (Adlaf, Gliksman, & Demers, 2005). This reflects the fact that age of onset for mental health issues is 18–24 (Kadison & Digeronimo, 2004), which is generally when students are commencing and completing their higher education. It has also been found that “mental health problems are highly prevalent among college students” (Eisenberg, Golberstein, & Hunt, 2009, p. 4). Oddly enough, students are often perceived as an invulnerable group (Kadison & Digeronimo, 2004; Price, 2011) and when they experience mental health issues, it is often seen as part of the higher education lifestyle or as a rite of passage. Various researchers are now arguing that we need to stop dismissing mental health issues on campus as part of the higher education experience and instead re-examine what is expected of students.

The lack of research on beginning teachers and on teacher candidates and mental health issues—or even teaching and mental health issues—is rather startling when we consider that one in five people in the general population meet the criteria for a mental illness (Mental Health Commission of Canada, 2012). While the research regarding teachers is limited, there is still action being taken. The Canadian Teachers’ Federation (2011) expressed the importance of fostering collaboration between teachers and others to support mental health initiatives with the purpose of supporting and challenging the stigmatization of students and teachers with mental health issues. Millions of students are estimated to have left higher education because of a psychiatric disability (Megivern, Pellerito, & Mowbray, 2003) and 86% of students with psychiatric disabilities do not complete higher education (Kiuahara & Huefner, 2008).

Particularly absent in the literature is a qualitative examination of teacher candidates in teacher education programs and beginning teachers. While quantitative

studies are available on practising teachers dealing with stress, burnout, and depression, this excludes teacher candidates or beginning teachers. Also excluded is an examination of mental health issues and mental health in general. Although no studies on the number of teacher candidates and beginning teachers with mental health issues could be found, due to the prevalence of students in higher education with mental health issues and the increasing enrolment of these students, it is reasonable to assume they exist among teachers as well.

Jorm (2000) explained that *mental health literacy* (understanding of mental disorders, attitudes of help seeking, how to seek help, help available, etc.) is essential because it empowers individuals to make positive choices about mental health and seeking help. Furthering teacher candidates' mental health literacy may better prepare teacher candidates to assist students and be open to discussions of mental health when they are teachers. Jorm, Kitchener, Sawyer, Scales, and Cvetkovski (2010) argued that teachers must be informed on mental health issues in order to assist their students, especially during adolescence, when mental health issues are most likely to arise. This requires teachers to be knowledgeable and able to respond to issues, and the students must see them as figures who can offer help (Jorm et al., 2010). Allen and Vincent (2005) found that teachers were uncomfortable discussing and teaching topics of mental health, so "introducing the issues of mental health in preservice education may help graduates to be better prepared for the roles of schools in mental health promotion" (p. 5). This is very pertinent given the state of mental health issues for students. For example, Freeman et al. (2011) found that in Canadian schools, "one-fifth of boys and one-third of girls feel depressed or low on a weekly basis or more" (p. xiii). The authors also state in times of

mental health crises, students are more likely to turn to someone they know, rather than a health professional. While mental health issues are impacted by internal factors, external factors (such as a teacher) can help students reach their full potential (Freeman et al., 2011). Thus, teachers must be prepared to respond to students as needed. The Canadian Teachers' Federation (2011) revealed that teachers are recognizing more student mental health needs and are requesting more services.

### **Purpose of the Study**

This study uses narrative inquiry to contribute to the literature by exploring the experiences and identities of teacher candidates and beginning teachers with mental health issues. Three teacher education graduates and I share stories of learning, teaching, and living. The purpose of this study is to explore (a) stories that teacher candidates tell about being in a teacher education program while experiencing mental health issues; (b) identity development of teachers who have experienced mental health issues; and (c) how narratives of teacher candidates and beginning teachers challenge stereotyping and stigmatization. Through this inquiry, I attempt to break the silence that often smothers discussion regarding mental health issues in higher education and the teaching profession.

This study has also given the participants and me the opportunity to share our experiences and to learn that we are not alone in experiencing mental health issues in teacher education. The participants have engaged with me, the researcher, who has a diagnosed mental disorder. Also, their narratives are presented alongside those of other teacher education students and beginning teachers with mental health issues. Narrative inquiry was chosen for this study because, as Carless and Douglas (2010) explained, it is “through narrative [that] we define who we are, who we were and where we may be in

the future” (p. 67). The study of mental health issues requires an examination of how we narrate our stories and how they are limited by stigmatization and fear. It is my hope that narrative inquiry will allow the participants and me to narrate a future of hope and empowerment. However, I reflected on how this can be a difficult process:

Some memories are so vivid and rich with meaning. I feel so frustrated that there are some memories I can't access. Where have they gone? Why are they blocked? I do not remember a single detail of my father's funeral, including how I felt and what happened. It was about 9 years ago—I should be able to remember. I do not remember many of the days I slept away in deep depression, as I could not even leave my bed. I do not remember some days and events that were lost in the clouds of being highly medicated. For so long, I didn't want the memories! I was glad they were gone. I thought forgetting was moving on. But now I have a sense of panic; I am unable to retrieve them! How can I make meaning? How can I heal? How can I shape the storying of my life? I begin to collect bits and pieces that surround these events, the feelings they evoke now, and the meanings I make from them now. But I still feel a sense of loss because these moments are gone. People with mental health issues have historically been unable to tell their own stories. Now I have the chance—a forum. (Personal reflection, June 10, 2011).

This narrative projects a loss and pain because I understand it is so important to tell my own stories but struggle with those I cannot access. I have struggled with this because being able to tell these stories may allow for re-examination of my life and a deeper understanding of my past. Therefore, I believe that another potential benefit to the participants and me is the opportunity to learn more about ourselves as beginning



teachers and about students they are teaching or may one day teach who may have mental health issues themselves. Freeman et al. (2011) found that teacher support and a positive school environment promoted the positive mental health of Canadian students. Issues such as substance abuse, dropping out of school, and suicide have been attributed to poor mental health (Canadian Council on Learning, 2009). While there are differences between the mental health issues experienced by my participants, there were also similarities that drew us all together in understanding the teacher profession. It has been found that “teaching challenges represent potential stressors that may place teacher candidates at risk for experiencing frustration, tension, anxiety, praxis shock, and alienation from their work, thus impeding/hindering their professional development” (Haritos, 2004, p. 640). It is my hope that through the sharing of narratives, understanding and empathy can be developed for teacher candidates’ and beginning teachers’ experiences. For example, Kirkpatrick and Byrne (2009) suggest that “Rather than narrowly focusing on the illness, a critical question to ask is, what is this person recovering from and how might I help them in that journey?” (p. 72). Listening to their story may be part of this assistance.

This study exposes teacher educators, teacher candidates, associates, teachers, and other faculty in higher education to authentic narratives in the hope that learning opportunities can be improved for teacher candidates and beginning teachers with mental health issues. It is also my hope that this exposure will also influence teacher education programming of mental health issues and encourage discussions to break down barriers and stereotypes. Indeed, “Confronting one another across differences means that we must change ideas about how we learn, rather than fearing conflict we have to find ways to use

it as a catalyst for new thinking, for growth” (hooks, 1994, p. 113). Perhaps then, teacher candidates and beginning teachers can offer their understandings and find mutual support in an environment where they are not silenced or where they no longer must don masks to hide themselves.

### **Statement of the Research Problem**

Through this study, I have unpacked and deconstructed stories that give insight into the often hidden experiences and identities of teacher candidates and beginning teachers with mental health issues. Clandinin and Raymond (2006) explained that, “Given a narrative understanding of experience, everyone has a story” (p. 216). The authors researched participants with developmental disabilities in the hopes of exploring social, cultural, and institutional narratives of disability. This reminds us to examine the narratives of those that are often excluded or overlooked, which in the case of this study are those with mental health issues. Sometimes that may even require a reconceptualization of one’s own experience and identity, as described in the narrative excerpt that follows:

At the end of my session with the therapist at my university, she sternly told me that I should seek accommodations through Student Disability Services. I remember a rush of emotions filling my body and questions running through my head, which manifested into a shocked: What?! I was filled with confusion because in my mind I didn't have a disability. The therapist explained the importance of me seeking accommodations for my academic performance and own mental health. Despite the kindness and support I experienced, I couldn't shake the feeling of being a fraud, despite having the paperwork completed by the psychiatrist. Perhaps I did not belong here. (Caitlin, personal reflection,

September 23, 2011)

It is through interaction with my therapist that I learned I could access services. This access to services was essential, but even more essential was the understanding that I was someone who deserved access to these services. A narrative inquiry is not complete without considering the individuals who shape our experiences and lives. Through participation in this study, along with my participants, a deeper insights than those that come from my stories alone. Conle (1996) described *narrative resonance* as “a process of dynamic, complex, metaphorical relations. It is not confined to one single strand of connections” (p. 313). I have aimed for narrative resonance by placing my narratives of experience in teacher education alongside those of my teacher colleagues. This inquiry is not my story, but rather the exploration of the experiences and stories told by the three participants and me. Furthermore, rather than telling simply telling stories, I have analyzed them in order to interrogate how these experiences shape ideas of teaching and teacher identity. Part of this analysis is also an exploration of the risks the participants and I took in sharing these stories. It also includes an examination of the meaning the participants and I held of teacher education and how we can shine new light on these lived experiences. I reflected on a particular teacher education experience:

I vaguely remember a Professional Development day in teacher education on students and grief. The details are foggy in my mind, but I do remember a single incident from that session. The facilitator asked for stories from when we were students related to grief. As people shared stories of peer's having lost parents, suicides, or the death of grandparents, I didn't share anything. I felt the pain well up in me. Part of me wanted to run from the room and cry. All I could think of

was the death of my father when I was in grade 10. I went to school three days later. Only one friend knew. The school was informed, but nothing was ever said. I remember my mother was furious that nothing was said or offered; her friend's daughter had been offered therapy at a different school when her dog died. I still couldn't shake that feeling of worthlessness...that no one cared and that my grief didn't matter. (Personal reflection, January 1, 2012).

The bitterness described in the narrative above is one I held towards this event and teacher education in general. Before this study, I chose to feel anger rather than think through to deeper understandings. Narrative inquiry is what has opened me to deeper understanding.

### **Research Questions**

This research has been guided by my research questions. Specifically, the research questions I explore are:

- What stories do the teacher candidates and I tell about being in teacher education with mental health issues?
- How do we describe our identities as developing teachers who have experienced mental health issues?
- How can narrative and story challenge stereotyping and stigmatization, and contribute to the professional development of teachers and teacher candidates?

### **Rationale of the Study**

Addressing mental health issues and mental health in general benefits everyone in higher education. With increased information on students with mental health issues, we will be better informed and, thus, be better able to create campus environments that are

supportive and promote the mental health of all students (Eisenberg et al., 2009). According to Becker et al. (2002), more information in higher education is long overdue. They argue that it is essential to educate university faculty and students on mental health issues to decrease stigmatization and stereotyping, which the authors attribute to a discomfort and lack of experiences with people with mental illnesses. Specifically, Becker et al. found that a significant amount of faculty felt uncomfortable working with students with mental illnesses or did not feel comfortable providing them with information regarding services. Even more worrisome was that more than one-third of faculty and three-quarters of students were unaware of the mental health services that were provided at their university. Baker, Brown, and Fazey (2006) further recommended that “perhaps we could move in a more fully informed way towards a model of [higher education] where staff were able to be supportive towards students in distress” (p. 52). According to the Baker et al., we are no longer in a position to ignore these responsibilities or assume they are not part of the responsibility of the higher education institute.

Mental health issues have traditionally been relegated to the realm of the personally hidden and they have been individual struggles. The sharing of stories in this study will be presented to offer lived experiences, rather than a generalizing grand narrative. Higher education institutions must now do their part, not only to meet the needs of their students, but also to reflect on the institutional barriers and discrimination they are creating. When we focus only on the student who is experiencing mental health issues, we fail to recognize that “individuals are regulated by socially, historically and culturally constructed discourses” (Allen & Vincent, 2005, p. 3). What is acceptable in

terms of mental health issues varies and excludes some while including others. Take the case of the *quirky professor* who is forgiven for his odd behaviours and speech because of his brilliance and his contributions to the faculty (Price, 2011). Now consider him in comparison to the depressed student who has difficulty attending class or participating in class discussions and therefore does not meet class requirements (Price, 2011). There are a variety of other factors to consider that influence our reactions to individuals with mental health issues including gender, race, and socio-economic status. We can all benefit from a deeper and more critical understanding of mental health issues in higher education.

This study also has implications for teacher education. Lensmire (1998) stressed the importance of encouraging students to share one's story and to learn from others. Therefore, I believe that this study offers a unique approach to mental health issues because it draws out stories that are often hidden. Bringing these stories into light should be an ethical responsibility, and is not a responsibility that can be left to people with mental health issues who undoubtedly will be forced to challenge a system that has historically relied upon their docility and compliance (Foucault, 1954).

In the educational setting, self-exploration is essential. Bullough (1997) argues that "Teacher education must begin, then, by exploring the teaching self" (p. 21). This teaching self is shaped by the beliefs that the teacher candidate and beginning teacher has regarding teaching and learning. Therefore, teacher identity is "of vital concern to teacher education; it is the basis for meaning making and decision making" (Bullough, 1997, p. 21). Here, part of the understanding of the teaching self emerged through narrative inquiry, as my participants and I explored our experiences and identities as beginning

teachers. While examining the teaching self is necessary, Berry (2007) argued it is often the case that “the underlying issues may well go unnoticed, or may simply not be addressed, in the rush to complete a set curriculum” (p. 1302). The author cautioned that we then need to find ways to “better understand how student teachers respond to their teacher education” (p. 1303). Part of this understanding could include an examination of mental health issues that arise during teacher education and that how mental health issues may go unnoticed because of the invisibleness of mental health.

Since we all understand our lives as stories, it is my belief that the narratives presented here will not only engage scholars, but also administrators, teachers, teacher educators, students, and the general public. By joining my participants and me in our journeys and personal reflections, it is my hope that teacher candidates and beginning teachers will be able to reflect and engage in dialogue. Through this process, we may begin to further our knowledge of who is included and excluded in teacher education and how we develop our images of the ideal teacher candidate and beginning teacher. Gosse, Parr, and Allison (2007) explain that the hidden curriculum of teacher education is one that does not tolerate diversity, but that this can be improved by exploring narratives of the disenfranchised. Clandinin and Connelly (1996) explain the importance of teacher candidates exploring the narratives of others who are “living different narrative constructions of teacher education” (p. 33). This study contributes to this exploration by offering narratives of mental health issues in teacher education and the lived experiences of teacher candidates and beginning teachers.

### **The Role of Narrative Inquiry**

I chose a narrative inquiry methodology to explore the experiences of teacher candidates and beginning teachers who experience mental health issues. Connelly and Clandinin (1990) explained that “narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study. To preserve this distinction we use the reasonably well-established device of calling the phenomenon ‘story’ and the inquiry ‘narrative’” (p. 2). It is important for me to explore this topic through a narrative inquiry methodology to allow the voices of my colleagues to not only be heard, but to be heard through their own voices. It allows us to engage in meaning making and discovery. I storied a growing understanding of narrative inquiry and its importance:

I was sitting at the table reading Clandinin and Connelly’s (2000) book, *Narrative Inquiry*, while enjoying some hearts of palm. As my mind trailed off, I begin thinking of the clip I watched on how the heart of palm is extracted—no wonder they are expensive! The heart of palm is such a tender, beautiful, and rare treat that requires over a decade of care for a growing palm tree. Getting to the heart is a labour-intensive task that requires cutting deep through layers of bark and encasing to get to it. Somehow, in all the wanderings of thought in this moment, I saw the connection between this process and my process of engaging in narrative inquiry. Getting down to my experiences, especially those buried deep in the encasement of fear, shame, and stigma, has been labour-intensive. It has not been easy, but it has been well worth it. I have had years of being told stories that have led me to stigmatize myself and I wonder how long it will take to break even deeper through this bark. I must continue to chip away to develop a deeper



understanding of who I am as a teacher and how my experiences as a teacher with depression have influenced me. (Reflective journal, June 26, 2011)

Storytelling is considered a part of being human and of making meaning—a way of thinking that is integral to humanity (Beattie, 2009; Clandinin & Connelly, 2000). Beattie (2009) explained, “we all live by the stories we have inherited from our families, societies, and cultures, and those other stories that consciously or unconsciously, we have picked up along the way” (p. 4). Some of these stories are stigmatizing, as discussed earlier in this introduction. Furthermore, the above narrative demonstrates how metaphor can be a method of meaning making. Kitchen (2011) explained that metaphor can help teachers understand their practice, world views, and beliefs. My life story is lived out alongside the stories of others, whether it is my family, friends, instructors, or peers. Therefore, through this narrative inquiry, I engage with three colleagues to add depth and increase the study’s breadth. I strongly believe that our understandings, compassion, and bond as beginning teachers allowed us to transgress the borders of our own personal experiences to share, listen, and learn from one another.

### **Three-Dimensional Continuum as My Theoretical Framework**

As part of the narrative inquiry, these experiences will be explored along a three-dimensional continuum “with temporality along one dimension, the personal and the social along a second dimension, and the place along the third” (Clandinin & Connelly, 2000, p. 50). Connelly and Clandinin (2006) describe the commonplaces as “the temporal unfolding of people, places, and things within the inquiry; the personal and social aspects of inquirer’s and participants’ lives; and the places in the inquiry” (p. 483). The three-dimensional continuum is my theoretical framework. This means that I share stories that

describe events and situations that occurred throughout and beyond the teaching education programming. Essential to narrative inquiry is the understanding that people are in a process of change; they have a past and they are shaping their future. The events of their lives can be explored for meaning, which takes into consideration not just the event that occurred, but also the events that came before.

Craig (2011) argues that “Because teacher education is inextricably linked to teachers’ lives and narrative inquiry studies lives in motion, the link between teacher education and narrative inquiry could not be stronger” (p. 20). According to Connelly and Clandinin (1988), teachers did not simply implement mandated curriculum, but instead were guided by their “personal practical knowledge” (p. 25), and were guided by their own experience; this “personal practical knowledge” encompasses “the teachers’ past experience, in the teacher’s present mind and body, and in the future plans and actions” (p. 25). For Dewey (1938), curriculum is grounded in the lives of students themselves and must provide educative experiences. Narrative offers a way of gaining access to this knowledge through stories and an exploration of the meaning developed over time. No one teacher exists in of a single time or is completely created in a teacher education program. Thus, Craig maintains that teacher knowledge is “An entirely human enterprise, it cannot be engineered” (p. 22). This rejects the dominant philosophy of teacher education that views the accumulation of teacher knowledge occurring through compartmentalized training. In the next sections I will explore the importance of the three dimensional commonplaces as the theoretical underpinning of my thesis.

## Temporality

Connelly and Clandinin (2006) state that “Events under study are in temporal transition” (p. 479). *Temporality* is essential to this study because it contextualizes all events and people as having a past, present, and future (Connelly & Clandinin, 2006). In respect to temporality, this study does not aim to label my participants and me as mentally ill beginning teachers, but rather as beginning teachers who have experienced or are still experiencing mental health issues. We are always growing and thus changing the narration of our lives.

An examination of temporality is central to analyses of stories. Clandinin (2000) argues that “questions about preservice teacher education [for example] do not begin with what theoreticians, researchers, and policy makers know but, rather, with what preservice teachers know and have found in professional practice” (p. 22). This professional practice and knowledge is that which spans the past, present, and future—the temporal commonplace of narrative. Teacher candidates and beginning teachers are informed by their past experiences, current experiences, and their vision for the future. This is supported by Dewey (1938) who explained that all events exist along a continuum. Dewey explained that “Just as no man lives or dies to himself, so no experience lives and dies to itself” (p. 27). Past experiences shape the present, and these experiences will further shape the future. Analysing stories for temporality allows me to engage in meaning making to story and re-story even those experiences of despair and anguish, so that that I may see a hope for the future. Yet, Connelly and Clandinin (2006) explained that it may be a difficult process, for while it is difficult to retell a narrative, it is “significantly more difficult to relive, to live out the new person” (p. 478).

## **Sociality**

According to Connelly and Clandinin (2006), understanding *sociality* requires an examination of the personal conditions “the feelings, hopes, desires, aesthetic reactions, and moral dispositions of the person” and the social conditions “the existential considerations, the environment, surrounding factors and forces, people and otherwise, that form individual’s personal context” (p. 480). This prevents the narrative inquiry from becoming too much of a personal study but at the same time prevents it from becoming too much of a social analysis. Thus, part of this study’s focus is to contextualize the narratives in the social context. Producing one’s identity in a social context takes into consideration the personal internal conditions and the social factors that are external. Simply put, sociality is the conditions in which the experiences have unfolded or are unfolding in. Examples of conditions include the cultural narratives and social relationships of which we are a part.

Examining the sociality of stories allowed me to analyze deeper meaning in stories. While an individual’s story is her/his own, it is also embedded in and shaped by storied landscapes (Clandinin & Connelly, 2000). While a story may be shaped, it can also shape the storied landscape. In the case of this study, the stories shared by beginning teachers may shape the storied landscape that we have of teacher education and the experiences of teacher candidates with mental health issues.

## **Place**

The commonplace of *place* requires understanding that events “take place some place” (Connelly & Clandinin, 2006, p. 481). Connelly and Clandinin (2006) further defined place as “the specific concrete, physical and topological boundaries of place or

sequences of places where the inquiry and events take place” (p. 480). The experiences we have are shaped by the places in which they occur. Connelly and Clandinin (2006) explained that sometimes inquirers want to resist place because it limits the generalizability of the study.

In a study of teacher education, place is not limited to the university in which the teacher preparation program occurs. Rather, there are various places that the participants may have inhabited including the school, workplace, home, and community. In the case of this study, this required an exploration of narratives shared that are not limited to the place of the school. The places that participants and I inhabit today further influenced the inquiry. Place is also an important consideration in planning an inquiry. Connelly and Clandinin (2006) explain that some places may be more comfortable than others for participants when participating in interviews. Connelly and Clandinin (2006) give the following example: “Consider, for instance, the possible impact of place in a study of social welfare recipients where the interview might take *place* in a university office or the participant’s home” (p. 481). Thus, in this example, power dynamics require consideration when conducting a narrative inquiry.

### **Exploring the Commonplaces Simultaneously**

Dewey (1938) highlights the need to entwine the commonplace of temporality and sociality:

The institutions and customs that exist in the present and give rise to present social ills and dislocations did not arise overnight. They have a long history behind them. Attempt to deal with them simply on the basis of what is obvious in

the present is bound to result in adoption of superficial measures which in the end will only render existing problems more acute and more difficult to solve. (p. 77)

Connelly and Clandinin (2006) explain that the three dimensional commonplaces can serve as a checklist of items to attend to during an inquiry. While a qualitative inquiry may only attend to one or more of the commonplaces, a narrative inquiry must examine all three. Connelly and Clandinin explain that properly incorporating the three dimensional commonplaces can be both an imaginative and analytical task. The imaginative part requires moving past the concrete experience to see the commonplaces of temporality, sociality, and place that make up an experience or story. The analytical task requires the researcher to “examine, describe and specify commonplace features to be built into the study” (p. 482).

### **Scope and Limitations**

This narrative inquiry explores the experiences and identities of teacher candidates who experienced mental health issues during teacher education. Narrative inquiry focuses on developing a relationship of trust and care between researcher and participants (Clandinin & Connelly, 2000). To focus on developing this relationship, only three participants were chosen. Also, data collection occurred for about 2 months to allow for in-depth discussion and sharing of stories. However, most narrative inquiries are longitudinal in nature and data collection occurs over a longer period of time.

The participants and I successfully completed our teacher education programs. Therefore, this study does not include the experiences of teacher candidates who did not complete their programs. This inquiry also does not reflect the students with mental health issues that have ended their higher education studies (Kihara & Huefner, 2008;

Megivern et al., 2003). Furthermore, the participants and I all completed our teacher education programs in Southern Ontario. Thus, this study does not include the experiences of teacher candidates in other areas of the country. This study also does not explore race and mental health issues or other factors that may influence the experiences of mental health issues, such as socio-economic status, gender, or physical disability.

### **Overview of the Study**

Chapter 2 is a review of the literature, in which I explore the literature related to mental health issues in higher education, teacher education, and teaching. Chapter 3 is an outline of the narrative inquiry methodology. Chapter 4 presents the narrative of the participants and my analysis using the three dimensional commonplaces. Chapter 5 is a discussion of the findings and their contribution to the current mental health landscape in Canada.

## **CHAPTER TWO: REVIEW OF THE LITERATURE**

The literature review includes an examination of the stigmatization of students and teachers with mental health issues and how this impacts their identities and school experiences. It also explores the role of narrative in learning about the experience of mental health issues. The literature review will be interspersed with narratives to reflect the narrative method.

### **Students Who Experience Mental Health Issues in Higher Education**

Canadian college and university campus health professionals have noticed an increase in students' mental health problems (Adlaf et al., 2005). This is also reported in the United Kingdom (Baker et al., 2006; Royal College of Psychiatrists, 2003) and the United States (Kadison & Digeronimo, 2004; Price, 2011). It has also been found that more students with mental health issues are entering into higher education than ever before (Baker et al., 2006), and that a greater number of students are presenting more symptoms with greater severity in therapy and using counselling services than ever before (Royal College of Psychiatrists, 2003). This increase is attributed to a variety of factors, including accessibility of medication, greater acceptance, and the need for higher education (Kadison & Digeronimo, 2004). The Royal College of Psychiatrists (2003) reported that university students in the UK exhibited more symptoms of mental health issues when compared to non-students of the same age group. The authors further mentioned that it was difficult to determine whether higher education is, in fact, beneficial for students with mental health issues. The higher education environment offers social relationships, esteem building, and access to resources that foster recovery but also creates stresses and demands that hinder recovery.



Becker et al. (2002) argued that there has been increased interest in students with severe mental health issues and this has created debate over what should be done to support such students with their educational goals. Particular attention has been paid to American college and university attrition rates. Megivern et al. (2003) estimated that approximately 4.29 million people would have graduated from college in 2003 if they had not experienced mental health problems. As mentioned earlier, 86% of students with psychological disorders will leave college before completing their degrees (Kiuahara & Huefner, 2008). It is important to examine students in higher education because they “are often viewed as a privileged population, but they are not immune to the suffering and disability associated with mental illness” (Eisenberg et al., 2009, p. 3). Often, a student’s decision to leave school will be written off as the result of not working hard enough or not having what it takes, rather than understanding the influence that mental health issues might have played (Price, 2011).

Adlaf et al. (2005) explored the rates of heavy drinking, gambling, mental health, and addiction rates amongst Canadian undergraduate students. Their results showed that 29.2% of respondents had experienced elevated psychological distress, and that women were more likely to have experienced symptoms that most commonly comprised depression, loss of sleep, anxiety, and the feeling of being under constant strain. Of these students, 9% reported high levels of distress in combination with heavy drinking. Reviews of student mental health issues indicate that students have a higher risk for alcohol and drug use, which is viewed as a coping method (Centre for Addiction and Mental Health, 2009). Furthermore, Adlaf et al. found that the rates of elevated psychological distress had stayed stable since 1998. In Ontario alone, 47% of students

reported elevated psychological distress, which is significantly higher than the 17% reported by the general population of 18–27 year olds. Adlaf et al. refer to this high rate as an issue that must be addressed. This is supported by Andrews, Hejdenberg, and Wilding (2006), who found that university students experience stress, anxiety, and depression at significantly higher rates than the general population. Although Andrews et al. argue that this does not necessarily indicate the presence of more significant mental health issues (e.g., clinical depression or generalized anxiety disorder), they still believe that it does not diminish the stressful and severe issues students are dealing with. Andrews and Wilding (2004) claim university students' mental health issues are often aggravated by their unique circumstances in academia, including financial difficulties and academic pressure, which can increase the likelihood of experiencing anxiety and depression. More specifically, Andrews and Wilding found that 9% of students who had no symptoms related to mental health issues upon entering higher education experienced depression and that 20% experienced anxiety (clinically significant) during their higher education program. As a result, these students experienced difficulties in their social relationships and exam performance.

Similarly, Bouteyre, Maurel, and Bernaud (2007) found that 41% of students in their first year of undergraduate studies experienced symptoms of depression. Bouteyre et al. point to the stressful environment and demands of adapting to university life as a contributing factor and saw the symptoms of depression during the first year of undergraduate studies as a serious problem. It is evident that there is a significant presence of students in higher education who are experiencing mental health issues. These experiences impact everything from social interactions to academic performance

and must be addressed. Kadison and Digeronimo (2004) stressed there is no need for students to reach crisis points of suicide or to suffer alone anymore. According to Kadison and Digeronimo, it has already been established that there is a serious crisis, but that higher education institutions are ignoring it. The authors argue that higher education institutions cannot afford to do something else.

### **Why Address Mental Health Issues in Higher Education?**

The previous examination of mental health issues in higher education, attrition rates of students, and the low rate of service use by students demonstrates that the needs of students are not being met. Students are not receiving accommodations and therefore must abandon their higher education programs or hide their experiences of mental health issues. This appears to truly represent what has been called the mental health crisis in higher education (Kadison & Digeronimo, 2004). Despite this crisis, it is not uncommon for debate to arise over what should be done for these students. Kadison and Digeronimo (2004) argue that higher education institutions must challenge the attitude that students with mental health issues are simply not able to meet the demands required and do not belong there. This also requires us to challenge the belief that students' emotional issues should not be the financial burden of higher education; as Kadison and Digeronimo ask:

Would anyone suggest that colleges do away with health care services and that a student with the flu, sprained ankle, sports injury, or severe asthma also be left to fend for himself or herself because the problem is not directly related to the pursuit of a higher education? Of course not. (p. 158)

Kadison and Digeronimo argue that higher education must start taking mental health issues seriously and “accept reasonable responsibility for the psychological well-being of

their students” (p. 158; see also Yager, 2009). This is necessary because, as Baker et al. (2006) point out, “there is growing evidence that students’ mental health problems are increasing” (p. 31). This is not a situation that is just going to go away. According to Eisenberg et al., (2009) campuses are the ideal place to address mental health issues, because “by their scholarly nature, [they] are also well positioned to develop, evaluate, and disseminate best practices” for “one of the most significant public health problems among late adolescents and young adults” (p. 3).

The purpose of the literature review thus far has been to establish that there is a significant population of postsecondary students and teachers who have mental health issues and that their needs are not being met. It has also been established that there are significant quantitative data available on this topic, but an exploration into the qualitative, lived experiences of these students is lacking. An understanding of the lived experience is essential for improving the services available, increasing service use, and challenging stigmatization. Teacher candidates occupy a unique positioning, in which they are still postsecondary students but are undergoing the professional training to be teachers. It is important to further understand the experience of teacher candidates—which “is a live, dynamic, ever shape-shifting experience” (Franzak, 2002, p. 264)—and the impact mental health issues can have upon it. Therefore, this literature review must also examine mental health issues and teaching to consider the unique positioning of teacher candidates.

### **Mental Health Issues and Teacher Education**

Attention has been directed towards groups of students that have been found to be more vulnerable to mental health issues, including international students (Birchard,

2007). In terms of teaching, however, Campbell (2009) argues that the focus has been on the experiences of disabled children and their access to educational opportunities, rather than on teachers' experiences. Despite the interest and concern expressed by researchers, psychologists, and educators regarding students, very little attention has been paid to teachers with disabilities, their access to teaching opportunities, or teacher education and prevalence of mental health issues amongst teacher candidates. This seems to be mirrored in the broader area of education, in which I could find very few studies conducted on the mental health issues of teachers. There is a great deal of research on the identity development of teacher candidates and teachers but these often reflect a very homogeneous and general group or focus on particular identities, such as gender or race; there is a dearth of studies that examine the experiences of teacher candidates who have mental health issues.

Those of us who have completed teacher education know it can be a stressful and busy year that includes not only a demanding course load, but also the professional development of becoming a teacher and meeting the requirements of a practicum. It is not unusual to see sleep-deprived teacher candidates who are working hard at completing their course assignments, as well as preparing for their teaching practicum. However, at what point is the student not merely experiencing the stress and anxiety of teacher education? When does this progress into a mental health issue? Also, what about students who already have mental health issues upon entering teacher education programs and who therefore struggle or perhaps even fail to cope? Price (2011) explains that the particular characteristics (e.g., cheerful, enthusiastic, and selfless) that make someone the *best teacher* or the *best student* are things that can be challenging for some people with

mental health issues. Consequently, some students will hide their mental health issues to start new and fit in (Kadison & Digeronimo, 2004).

The conditions and stresses of an academic or working environment can create mental health issues or exacerbate existing issues for students and teachers alike. Yager (2009) finds that “teachers are also at high risk of stress, burnout and leaving teaching due to the demands of the profession on their personal wellbeing” (p. 52). This is supported by Kovess–Masfety, Rios–Seidel, and Sevilla–Dedieu (2007) who claim that teaching is a “high-risk profession” that has “always been considered to be subject to a particularly high level of stress on the job” (p. 1177). Illingworth (2009) further elaborated that “unmanageable workload, violence, excessive monitoring, disruptive pupils, constant change and workplace bullying—these aren’t just stresses, these are teachers’ stresses” (para. 6). The stresses of teaching have very significant and sometimes devastating consequences for teachers, including mental health issues, loss of hours, teacher conflict, and suicide. Illingworth (2009) labelled depression, stress, anxiety, and burnout as the “teacher’s disease, although often it remains hidden” (para. 8). Although some mental health issues are common, many teachers do not seek help due to concerns regarding their job (Department for Children, Schools and Families, 2008). I question if the lack of discussion about mental health issues is because they are underrepresented in education or merely avoided altogether. There is no way to know at this point how many students in teacher education programs or teachers in the classroom have mental health issues. The research explored thus far demonstrates that the rates of mental health issues are greater in higher education and the teaching profession, so one may reasonably extrapolate that there is a presence in teacher education.

Many of the characteristics that make up our image of the ideal teacher, such as being always happy and enthusiastic, need to be challenged and we need to understand who this excludes (Price, 2011). This is supported by Nicki (2001), who points specifically to the “cultural demand of cheerfulness” (p. 94): we are always expected to be happy and mask our pain, suffering, and other emotions. In this process, we actively exclude those who do not measure up to this expectation. Price (2011) says this cultural demand is reflected in what we require of teachers and is a strictly constructed identity of the teacher that all teachers are expected to assume, often to the detriment of students who are experiencing mental health issues.

Thus “as educators, we need to look closely at how embodied relations, which exhibit a power differential, shape and are shaped in the teacher/student relations during the teaching practicum” (Walshaw & Savell, 2001, p. 516). What pressures do teacher candidates with mental health issues have in measuring up to the ideal of the teacher? How do power differentials place teacher candidates in a position in which they do not feel comfortable disclosing their mental health issues for fear of not measuring up or of feeling unworthy of being a teacher?

Yager (2009) argues that it is important for preservice teachers to learn about personal health, including mental health, which offers the potential to improve personal health while developing professionally. Thus, personal mental health needs to be integrated into personal development, which may also help “improve the students’ personal wellbeing and their ability to teach about wellbeing” (Yager, 2009, p. 59). Yet it has been found that teachers often “felt unprepared to recognize and manage the signs and symptoms of their own stress and burnout” (Koller & Bertel, 2006, p. 203).

### **Grand Narratives of Mental Health**

The grand narratives of mental health are ones that dominate our thinking and responses to mental health issues. I can think of no methodology more appropriate for examining mental health issues and challenging a grand narrative than narrative inquiry. Narrative inquiry moves from the grand narrative to a contextualized understanding of the person and their experiences. As Clandinin and Connelly (2000) explain, “In the grand narrative, the universal case is of prime interest. In narrative thinking, the person in context is of prime interest” (p. 32). As well, I will also explore my third research question: How can narrative and story be incorporated into the study of beginning teachers with mental health issues to challenge stereotyping and stigmatization and to contribute to the professional development of teachers?

It is pertinent that we examine “who tells the stories. Who is privileged or deprived through the telling?” (Price, 2011, p. 2). Those with mental health issues have been historically denied a space to tell their stories, which are often replaced instead by stereotypical stories that do not offer a true appreciation of the lived experiences. Based on the stereotypes, analysis then focuses on the medical side, seeing “instances of human suffering as a result of a neurobiological deficit or dysfunction” (Adame & Knudson, 2007, p. 160). While there is a medical reality to mental health issues, focusing on only medical issues distances us from people who experience mental health issues and as a result, “one can easily overlook a holistic appreciation of the person’s life experiences and cultural contexts” (Adame & Knudson, 2007, p. 160). Therefore, we are moving towards answering the question: “In what ways may we want to change the stories we are telling?” (Price, 2011, p. 2). Ask yourself, “What stories do I tell of people



with mental health issues? What stories have you heard? What stories are we told about the ideal teacher or teacher candidate? Do these stories include people experiencing mental health issues? Lastly, where have these stories come from?

Examining grand narratives has been essential to developing a deeper understanding of my own experiences. I reflected narratively on an experience from my teacher education practicum:

“Miss Munn, are you ok?” My associate teacher asked me in front of the class.

“Oh yes, of course. Just a little under the weather. I’ll be fine.” I answered as confidently as I could back, despite the fact I felt like I was going to hit the ground any second.

“Miss Munn, you look like a ghost!” Thomas shouted at me.

“Go home, Miss Munn. It’s really fine,” my associate begged.

“Oh, you worry too much. If I feel too sick, I promise I’ll go home. I promise,” I reassured everyone.

“Ok...,” my associate said as she returned to her work at the computer.

I hid four trips to the washroom to vomit, with “photocopying and prep work.”

That week, I was diagnosed with Poly-Cystic Ovarian Syndrome. During an ultrasound, the nurse looked at me sadly and said I probably wouldn’t be able to have kids (which my doctor later refuted). Being a “Google addict,” I searched the Internet for more information. I stumbled upon research stating a strong correlation between women with bipolar disorder and Poly-Cystic Ovarian Syndrome. They could not conclude whether the symptoms of the syndrome

mimic bipolar or if women with this syndrome are more predisposed to be bipolar. Now I was riddled with anxiety about whether or not I was an unintentional fraud. Were the meds, therapy, and counselling all for nothing? Was I just feeling the effects of my stupid ovaries? I was sick and now I didn't know why anymore. As much as I hated a diagnosis, it gave me something to understand and now I felt unsure in that. I felt unsure about everything and I had to stand in front of the class as the confident, funny, quirky, and ridiculously happy Miss Munn those students were used to.

Was that really me, or had I just gotten really good at acting? (Personal reflection, June 10, 2011)

In the narrative above, I explored the necessity of a diagnosis to an understanding of my experiences. I discovered how my own identity was shaping my understanding of my mental health issues. When this part of my identity was compromised (by the diagnosis), I was confused and questioned myself. I was conflicted as I examined my own experiences in light of the grand narratives. I was unsure who I was when I could not fit my story alongside the grand narratives I knew. A variety of factors, including my role as the teacher with health issues, contributed to the meaning I created from this experience. What my participants experienced will all be specific to their lived experiences and therefore reflected in their individual stories. Despite the common experience of mental health issues, my participants and I have individual stories and meanings. There may also be commonalities.

It is important to keep in mind that mental health issues have always been with us, but it has been interpreted and treated differently throughout history. Therefore, as we

move between the experiences of the individual and the historical, we must remember that context is essential (Tone, 2009). There may be a temptation to bring current understandings to experiences of the past, but this may dilute the richness of the history that makes the event meaningful. The early 19<sup>th</sup> century saw the infusion of moral and Quaker religious values into treatment, which viewed the person with severe mental health issues as feeble and child-like. The focus was placed on rewarding good behaviour and providing sanctuary for rest. Near the end of the 19<sup>th</sup> century, large state mental hospitals were built and quickly became overcrowded. The 20<sup>th</sup> century saw the testing of new methods of treatment and the embracing of Freud's ideas on psychoanalysis. Treatments such as electroshock therapy and lobotomies were praised for their results, but the long-term impact on the individual was often overlooked. After World War II, pharmaceutical companies began to distribute their medications for mental illnesses more widely (Pols, n.d.).

After 1945, American psychiatry focused on the biological causes of mental illness and the development of lithium and Thorazine. In 1980, the *Diagnostic and Statistical Manual* of the American Psychological Association codified mental disorders into separate disorders based on symptoms. The 1990s were "the decade of the brain," in which research heavily focused on biological research and antidepressant prescriptions skyrocketed (Pols, n.d., p. 27). Since then, more mental disorders have been labelled and more medications have been created for them, which raises concerns over medicalization. Pols (n.d.) argues that in reviewing the history of mental illness, there is a lack of optimism, especially considering decreases in funding and the dominant biological focus. As institutions close and services become less prevalent, more people end up homeless or

without treatment.

Pols (n.d.) argues that “Social prejudice against mental illness appears to be as strong as ever” (p. 28). This situation demands a critical examination of Canadian society. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (2009) notes that “In Canadian society, there are few refuges from stigma and discrimination. Families, groups, organizations, workplaces, health care services and schools each inflict their own brand of isolation and stereotyping on people with mental health issues” (p. 6). It is my hope that sharing our narratives will encourage more people to share their stories of mental health issues. Through this sharing, there may be benefits for students as well as teachers. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (2009) argues that we cannot overlook the “human factor” (p. 7) when challenging stigmatization and discrimination; “Simply teaching children and youth about mental health issues isn’t enough. We must bring facts and statistics to life by encouraging age-appropriate personal contact with people who can reinforce the messages being discussed” (p. 7). All of these efforts require an understanding of the grand narratives of mental health issues, their origin, and how they impact stigmatization. This study contributes to this deeper understanding.

### **Constructing Barriers**

Warren (1992) explained the “dichotomy mental health–mental illness is itself a construct and is thus used differently by different people” (p. 223). The attitudes and images of mental patients who have received medical attention held by the public are negative and in many cases mentally ill patients will not disclose because of this. Often, due to fear, they will only reveal to people they deeply trust. A great social distance, or

unwillingness to interact, with a person with mental health issues is evident in people without a medical background (Chung, Chen, & Liu, 2001). Those with a medical background have a better understanding of the facts of mental health and do not rely on the myths and stigmatized images of mental patients. Whether we mean to or not, we build barriers around the mentally ill, refusing to see ourselves in them. Foucault (1954) argued similarly that society rejects the *madman*, refusing to see any commonalities and thus locking him away from sight.

Susman (1994) argues that we must “replace the medical model’s exclusive focus on disease with a perspective that gives due attention to individuals and experiences of living” (p. 16). Goffman (1959) connected stigma to deviance, and explained it as the reason that disability has become stigmatized. Goffman argued that disability becomes stigmatized when it is perceived as a negative deviance from the norm. The opportunity to story and voice views is especially important: “Within our culture, people with severe mental health problems are excluded from self-representation. The cultural histories of hysteria, depression, and schizophrenia are histories of silencing, muting the ‘other’” (Kuppers, 2000, p. 131).

The education and dissemination of accurate information is essential because negative stereotypes of people with mental health issues still pervade higher education and society in general (Price, 2011). Kuppers (2000) argues that a “limited range of images is available to the general public about mentally ill people—images that range from homicidal maniac to those involving self-neglect and screaming fits” (p. 129). The fear and mockery of people with mental health issues, especially those who have accessed services, is visible in our daily lives, from name-calling someone “crazy” to the movements

to block centres and services for people with mental health issues out of fear. While this fear is externalized by the public, the “expressed hatred and fear can easily be internalized by people who have been diagnosed by the mental health system” (Kuppers, 2000, p. 129).

Stigma cannot be conceptualized simply as something that causes emotions such as fear and embarrassment; rather, it has very concrete and detrimental effects on the lives of people with mental health issues. As Krupa, Kirsh, Cockburn, and Gewurtz (2009) observe, stigma has the potential to marginalize, creating a higher risk for unemployment, poverty, arrests, and social isolation. Krupa et al. note that “Assumptions about the association between violence and unpredictable behaviours and mental illness undermine employment by raising fears and compromising social interactions on the job” (p. 419). Wahl (1997) maintains that we must be educated on the images and stereotypes, especially those found in the media, that shape our views of people with mental health issues and how that might impact our actions. These negative stereotypes do not reflect what is expected from a teacher in a position of authority who is working with children. Therefore, being associated with the stereotypes of violence and instability may be a heightened concern for a teacher with a mental health issue.

Susman (1994) argued that part of the cycle of oppression can be broken as people work to “present positive images of themselves, of their refusing to internalize imputations of negative difference, and of their asserting (along with their advocates) their full personhood as well as their rights as citizens and consumers” (p. 21). Part of this requires an examination “primarily on perceptions which are generated, sustained, or changed in the course of everyday life” (p. 20). In narrative inquiry, what may seem like the everyday can be explored to reveal the complexity and the social, historical, and

personal factors at play. One such example is the everyday discriminatory words and institutional actions that Shattel (2009) describes as “insidious and dangerous” (p. 15). It is my hope that through sharing these narratives of successful teacher candidates, I will be contributing to a much-needed shift in representation (Johnson, 2008).

The teacher is an authority figure for students and often seen as a role model. In many cases, the teacher seems powerful, all-knowing, and impermeable to pain. Scaccia (2011)—a practising teacher who experiences depression—explains that “As a teacher you are not allowed to be depressed” (para. 1). Yet my narratives may demonstrate that there is indeed a deep emotional element to a teacher’s life, one that may include pain, suffering, and even mental health problems. Interestingly, as mental health issues are stigmatized and medicalized, they are also part of public knowledge. Whether you have experienced mental health issues or not, I hope that you can respond to the emotions, experiences, and conflicts of identity found in these narratives. These are all parts of being human, regardless of the state of mental health experienced.

Thus, this study does not aim to label my participants and me as mentally ill people becoming teachers, but rather as people who are beginning teachers who also have experienced mental health issues. This reflects the temporal nature of mental health issues and the complexity and diversity in their manifestations. Perhaps a teacher candidate may experience an onset of mental health issues due to the stresses of teacher education. Perhaps they have entered the program with them. A great variety of other contexts exists, but the point is to emphasize that the focus is on what was experienced and how this shaped the identities of these beginning teachers. It is very important that the sharing of stories can break down the barriers that exist within the dichotomy of

mental health issues and health. The emotional and mental distress explored is something that we as humans all experience to varying degrees.

### **Invisibility and Disclosure**

The breaking down of barriers may include exposing mental health issues that were consciously hidden by students or simply not seen by teachers. To some degree, mental health issues can be categorized as an invisible disability or invisible stigma, which can further affect whether or not an individual discloses (Irvine, 2011). Price (2011) argued that students with mental health issues are all around us, but we don't see them and they get written off, acquiring labels such as "the shy sophomore, the frightened undergraduate, the awkward graduate student" (pp. xiii–xiv).

While there may be fears and certain disadvantages related to disclosure, Irvine (2011) seemed optimistic that the advantages of increased recovery, access to resources, and societal understandings outweigh these negative potentials. In many cases, people who are very successful and driven will hide any evidence of mental health issues and are often overlooked; it is assumed that they are immune due to their success (Irvine, 2011). In my case and that of my participants, we were highly successful candidates whom others may not have suspected of having a mental health issue. In many cases, we kept this hidden and our suffering was silent. However, addressing such problems is beneficial to the workplace because it addresses them before they become more serious, meaning fewer sick days and healthier employees (Irvine, 2011). In higher education, it may mean fewer sick days, fewer students dropping out, and increased academic success. Importantly, it would also lead to acknowledge of mental health issues in higher education, and validation to the experiences of students.



### **Encouraging Teacher Reflection and Complicating Ideas**

This study focuses specifically on teacher education, which allows for the exploration of a very significant year in which teacher candidates are developing professionally into teachers while they are still situated as learners and students. This important year provides experiences that will help shape the teacher candidates' ideas about teaching and support or challenge what they already believe. Erevelles (2005) argues that "radical transformation is required" and that teachers, teacher candidates, and teacher educators must "re-examine their own discomfort and silences around issues of status" (p. 435).

Berry (2007) explains that there "is little doubt that student teachers' prior experiences as learners serve as powerful templates for the ways in which they practice as teachers" (p. 1302). This is supported by Gabel (2001) who argues that we must begin to utilize the potential in having students explore their own identities and lived experience. This is pertinent to this study, because the teacher candidates' prior experiences may shape their interaction and beliefs regarding mental health issues and becoming teachers, which they can explore through reflection and active engagement. Gabel explains that reflective practice is a common research topic that focuses on the importance of personal reflection to pedagogy. However, "teacher candidates often report a lack of encouragement to be reflective with disability and the ways these experiences can inform pedagogy" (Gabel, 2001, p. 31).

The developing teacher identity is complex and changes along with our interpretations. We live in a world of negotiated identity, one in which we continually construct and revise our visions of self. Franzak (2002) maintains that "those of us who

create ‘teacher’ as a part of our identities must negotiate the particular implications of our professional identities in relation to students, peers, the general public, our intimates, and ourselves” (p. 258). According to Yager (2009), an examination of identity requires a focus on the experiences that preservice students bring to teacher education—those that ultimately shape their beliefs of teaching and teacher education. Undoubtedly, whether through personal experience, the media, or societal influences, teacher candidates enter the program with ideas and beliefs regarding mental health issues. Conquering the stigma and negative stereotypes we may have internalized is not an easy task, especially when the media continue to be fed us these images (Wahl, 1997). In fact, various studies have found that the general public agrees with stigmatizing statements regarding people with mental health problems (Becker et al., 2002).

Attempting to overcome stereotyping requires “a deliberate attempt to clear the head of a priori assumptions, myths, prejudices and biases that may be left over from past encounters and irrelevant to relationships in the present” (McAllister & Walsh, 2004, p. 27). Teacher educators need to examine the attitudes, beliefs, and assumptions they hold of students who are disabled (Ware, 2002) which, according to various researchers, includes those with mental health issues. They must be willing to challenge stereotypes and how they influence both the philosophy of education they are developing in teacher candidates and the practices that will unfold in their practicums.

Besley (2002) calls for a re-examination of how “power relations shape, legitimize and constitute personal narratives and the assumed neutrality of institutions (such as counselling)” (p. 16), and offers narrative therapy as a way to challenge how we think about mental health problems, people, therapy, counselling, and the power

relationships that are we often unaware of. Various researchers and advocates (e.g., Campbell, 2009) have argued the importance of situating people with mental health issues at the centre of the research on mental health issues and experience. Part of what needs to be addressed is that people with mental health issues must tell their own stories and share the meanings they have created from their experiences. Doing so allows space for a unique position and perspective, as well as for the exploration of the label of *mentally ill*, which can be diagnosed, imposed, or taken on. Bassman (1997) used her experiences and rage in a way that “serves to focus [her] challenge to a public mental health system that continues to avoid looking at its own participation in its failures and lack of understanding” (p. 238).

### **Summary**

This literature review has presented research on the context of mental health issues in higher education and teaching to demonstrate that there is a significant population of postsecondary students with mental health issues, many of whose needs are not met. There is little research available on teacher candidates with mental health issues, but it is evident that there are mental health issues for some teachers. The quantitative focus on mental health issues does not take into account the lived experiences and identities of people with mental health issues. Students with mental health issues—and people with mental health issues in general—have historically been denied that opportunity to tell their stories in their own words. Narrative inquiry is used in this study to give teacher candidates and beginning teachers with mental health issues the opportunity to share their stories and shape their identities, to challenge the master or grand narratives, and to develop a deeper understanding of their mental health issues. It is

through narrative that these stories are given a place to be shared and explore. Bringing forth these narratives is essential because “schools play a major role in shaping public attitudes over time” (Adelman & Taylor, 2004, p. 62). The next chapter further explores the chosen methodology, narrative inquiry, and its importance to this topic of study.

### CHAPTER THREE: METHODS AND PROCEDURES

This study uses narrative inquiry to explore the experiences and identity of teacher candidates and beginning teachers who have experienced mental health issues. Three teacher education graduates and I (also a recent teacher education graduate) shared stories of learning, teaching, and living. People are “storytelling organisms who, individually and socially, lead storied lives. The study of narrative, this is the study of the ways humans experience the world” (Connelly & Clandinin, 1990, p. 2). Storytelling is a natural act for humans and it is through narrative that we understand ourselves. Yet my purpose was not just to tell you stories, because as Barrett and Stauffer (2009) explain, “whilst narrative is story, not all story is narrative inquiry” (p. 10). Clandinin, Pushor, and Murray Orr (2007) point out that some researchers come to narrative inquiry because they assume it is easy. After all, we all have stories of education, since we were all once students and perhaps teachers as well—how hard can it be to tell them? Needless to say, things are not so simple. It is important to understand that narrative inquiry is a “deliberative research process founded on a set of ontological, epistemological, and methodological assumptions that are at play from the first narrative imaginings of a research puzzle through to the representation of the narrative inquiry in research text” (Clandinin et al., 2007, p. 33).

My goal is to further my understanding of my experiences of becoming a teacher with a mental health issue and the stories and identities of those becoming teachers with mental health issues. I analyzed the stories to uncover information that will improve my own practice as a beginning teacher. Also, I hope that this will challenge the stigmatization of and discrimination against people with mental health issues. Through

this inquiry, I have attempted to break the silence that often smothers discussion regarding mental health issues in higher education and the teaching profession.

Narrative inquiry, in the field of education, has been invaluable to my understanding of how this methodology can be used to draw out knowledge and experiences of teacher education and within my own teaching practice. Narrative inquiry allowed for a deeper understanding of teacher practice and beliefs. More specifically, I gained insight into how mental health issues can influence how teachers conceptualize their identities and their future as teachers. As previously mentioned, this methodology is particularly important to this study because it allows for participants to share their own stories, in their own words. This is pertinent as people with mental health issues have often been denied the opportunity to tell their own stories.

### **Participant Selection**

All four participants in this study are recently certified teachers (all graduates of a Southern Ontario concurrent teacher education program) who experienced mental health issues throughout their studies. Each participant's concurrent education program was 5 years in length, consisting of an undergraduate degree and a professional teacher preparation degree. The two terms I use in this thesis to refer to the participants are *teacher candidate* and *beginning teacher*. Teacher candidate refers to the participants when they were situated in their teacher education programs. Beginning teacher refers to the participants after completion of teacher education. The participants I chose for this study were peers. The participants all expressed interest in participating in the study after hearing about the topic of the study. It is at this time that the participants self-disclosed to me about having mental health issues during their own teacher education studies. Until

that point, I was unaware that any of these three participants had experienced mental health issues. The participants felt that there was a need for this topic to be addressed in teacher education and wanted to contribute by participating in this study. They were further informed of the study and sent a Letter of Invitation, which was cleared by the Brock University Research Ethics Board (REB#11–104).

This study focuses on recent teacher education graduates to allow the exploration of experiences of mental health issues in teacher education. All participants lived and learned in a teacher education program, which offered the opportunity for sharing, discussion, and the formation of a perspective regarding the journey to becoming a teacher. Also, the fact that all participants are certified teachers permits the exploration of being a certified teacher and the expectations of professional practice.

The participants and the teacher education program are identified in this study by pseudonyms used to maintain privacy and confidentiality. The personal identifiers collected through the research included age, gender, teacher education qualification, and mental health issues. Though the participants' identities were confidential, there was an increased chance of participants being identified due to the small number of participants and the use of direct quotations. The participants were given the opportunity to examine the data collected and the study itself at multiple points, including after the interviews and letter correspondence. Before the release of the manuscript, the participants were given a final opportunity to review the data relevant to them and remove anything that they felt might compromise their confidentiality. They were welcome to include feedback and suggestions related to the use of their data.

I contacted the participants by email due to their widespread geography. I sent the participants the letter of invitation and consent form for their review. The participants were encouraged to ask any questions they may have had regarding the study and their participation. At the beginning of the first interview, the participants were given a copy of the letter of invitation and consent form to sign if they wished to participate. Participants were informed (both in the letter of invitation and the consent form) of their right to withdraw from the study at any point. This was reiterated at the beginning of their interviews and in the letter correspondence via email, as well as upon completion of the data collection. If participants had wished to withdraw from the study, they were told they could inform me at any time. Upon withdrawal, the participant would be able to choose to have any data destroyed that had been collected up to that point. When not in use, the data were kept in a locked security box in my home. There was no penalty for withdrawal and I informed the participants that their withdrawal from the study would not jeopardize our relationship or the completion of the study.

### **Participant Descriptions**

I have an established relationship with the participants. I believe that this was beneficial to such a study on mental health issues because it encouraged the sharing of stories that can sometimes be painful, stigmatized, and hidden. Furthermore, Kelchtermans (1993) explained that, in reflection and sharing of experience, teachers are “bounded by the reflective capacity of the teacher and by the degree he or she is willing to share with someone else” (p. 451). Our established mutual respect and care helped us to feel more comfortable in discussing these topics and sharing our experiences. The established relationship I had with the participants created a risk that participants might



have felt obligated to participate in the study. Therefore, I ensured that my participants understood that they had the right to withdraw from the study. This would not jeopardize our relationship or the completion of the study. This was reiterated in the letter of invitation, as well as on the informed consent form. Below are the descriptions of the participants.

### **Amelia**

The first participant was Amelia. Amelia is 25 years old. She graduated from a concurrent education program in 2010 and is an Ontario certified teacher. For Amelia, teaching is a passion and not just a job:

I've been in school environments where it seems like the teachers don't want to be there. They view their job as a teacher as just another general job, you make your pay cheque and you can't wait to leave. For me ... teaching is a passion where you want to be with the kids. I think that's what I'll accomplish when I walk away from teaching for the day, and hear kids say, "that's what that meant!" And it's clearly not for me just getting a pay cheque in the end. My current situation is that I do go in and teach within a classroom setting on a voluntary basis, assisting a paid teacher in the classroom. I haven't been hired anywhere so for me the goal isn't necessarily about money. If I can get a paid position that would be lovely but that's the dream in life right? To have a job and get paid to do something you love. (Conversation, April 23, 2012)

Amelia is not employed as a teacher but plans to continue applying for a position. Amelia has continued her education through additional qualification courses and plans to enrol in more. She hopes that continuing her education and volunteering will help her obtain her

dream job of teaching. As Amelia seeks employment as a teacher, she is coping with depression:

I always try to just be a hard working person and put my faith in “what happens is what’s meant to be.” But as time goes on and if I spend time looking back at experiences I have had and situations I continue to go through, there’s like a fog that just starts to creep up on me. Slow at first, then it can be like London Fog, soupy thick and all consuming. That fog is my depression. It makes it hard to see where I am trying to go with my life and the purpose of my actions, when everywhere I look there is just fog. It feels like no matter how hard I try to move ahead it always feels like I am lost and standing in the same point, never really moving ahead. I so badly want to start a teaching career but I don't know how I’m going to get out of this fog. When I was in school, I just gave into the fog for a while and waited for winds of time to push it somewhat out of my line of vision and allow me to accomplish at least finishing school. Now again I wait in fog. Trying my best to use a torch to see my way around, as I do volunteer work and concentrate on making it through daily life. (Letter correspondence, May 18, 2012)

### **Brianne**

Brianne was the second participant. Brianne is 24 years old. Brianne graduated from a concurrent education program in 2010 and is an Ontario certified teacher. When working with students, Brianne focuses on making a safe learning environment for them:

I think the idea for teachers is to create a safe haven that prioritizes the student’s health, well-being, and safety. The ideal teacher is somebody who can take the

curriculum and teach it in a number of ways, to students at various levels, and with various strengths, give those students an opportunity to demonstrate their knowledge in different ways. Providing opportunities for success instead of simply testing knowledge ... I think somebody who values their students' voices, who values democracy. It's very easy with little children to just tell them what they are doing, but they have their own ideas and their own opinions, they know what they are good at, they know what they like, give them opportunities to choose what they want to learn. (Conversation, May 5, 2012)

In 2011, she was hired by a school board as an occasional teacher and educational assistant. Brianne is completing her Master of Education part-time and taking additional qualification courses while she teaches. Brianne plans to continue teaching and possibly pursue doctoral studies in the future. Brianne shared how her beliefs of teaching and learning have changed due to her own experience with students:

Certainly when I look at myself from high school, I had a very different view of the ideal teacher than what I do now. And a part of that can be attributed to the diversity of students I have worked with as a teacher, that I didn't have exposure to as a [teacher candidate]. (Conversation, May 5, 2012)

### **Charlotte**

Charlotte was the third participant. Charlotte is 28 years old; she graduated from a concurrent education program in 2010 and is an Ontario certified teacher. Charlotte noted in her conversations that teaching is not an option she can pursue due to her mental health issues. Unlike Brianne and Amelia, Charlotte does not wish to pursue a career as a

teacher. In telling her story, Charlotte explained that the traditional classroom is not a place where she excels:

So I emerged from the process of teacher beaten down in that I did not see myself being a teacher in a school classroom ... so I felt very defeated and I felt like I can't live up to that, and I'm not going to be that. ... For my own mental health and my own sanity, I cannot put myself in that environment. Not that every environment is disabling, but for me it's the workload and the stress and my own self that I bring to that environment that is not healthy. It's not a healthy situation. So it took me a while to get to a point where I felt comfortable, knowing that, Yes. I'm a certified Ontario college teacher, but I'm not going to teach in a school, and I've discovered that that is not the end of it. I can be a teacher in many different capacities, in many different environments. (Conversation, May 7, 2012)

### **Caitlin**

In this narrative inquiry, I am both a researcher and a participant. I am 25 years old and completed my concurrent teacher education program in 2010; I am an Ontario certified teacher. I entered the Master of Education program in 2010 and have worked as a part-time instructor since 2011:

When I completed the teacher education program, I didn't think I would ever teach. I tried my best to go above and beyond because I cared for my students so deeply, but the passion for teaching wasn't there. I entered the Master of Education program as a way to buy time in order to find out what I would do with my life. When I began working as a teaching assistant this changed. Working with adults brought out my passion for teaching, in which I was able to take on a role

as facilitator and guide. In my seminars, we worked together and learned as a community. I brought this approach to part-time instructing. My students taught me as much as I taught them, and for that I was very grateful. As soon as I finished teaching one class, I immediately looked forward to the next. I had found my calling in life which is educating adults. I now continue this with tutoring adults who are preparing to write their Graduate Equivalency Degree exam. Now, as I complete my Master of Education journey, I look forward to continuing to work with adults. (Personal reflection, July 10, 2012)

### **Use of Field Notes and Field Texts in a Narrative Inquiry**

The data collection procedures for this inquiry included the creation of field notes and field texts.

#### **Field Notes**

The researcher uses field notes to document the details and procedures of the research process. Clandinin and Connelly (2000) explain that “field notes are the most important way we have of recording the ongoing bits of nothingness that fill our day” (p. 101). They found that researchers tend to rely on transcriptions over the construction of field notes. However, field notes offer valuable interpretations of events that add to the other field texts collected. I created field notes on the descriptions of the interviews, my reactions, the letter writing process, and my research journey. Writing field notes before and after the interviews encouraged me to be attuned to the setting of the interview, my feelings (before, during, and after), as well as my impression of the participants. Similarly, field notes during the letter writing provided insight into my feelings and beliefs during the process.

## **Field Texts**

Clandinin and Connelly (2000) explained that field texts are “created, neither found nor discovered, by participants and researcher in order to represent aspects of field experience” (p. 92). The authors explain that many decisions about creating field texts are dependent on the researcher and her/his relationship with the participants. In this inquiry, the participants and I created field texts through letter correspondence and conversations. Writing and speaking together, allowed the participants and I to share stories of being a teacher candidate while experiencing mental health issues. Connelly and Clandinin (2006) explain that field texts offer a “textual ground for people to retell their living; that is, to interpret their lives as told in different ways, to imagine different possibilities” (p. 478). The participants and I created field texts (letters and conversations) for almost a month. This allowed us to return to stories told to add depth or to retell them.

## **From Field Notes to Field Texts**

Clandinin and Connelly (2000) argue that field notes are necessary for they “allow inquirers to move between intimacy with participants and a reflective stance: field texts need to be routinely and rigorously kept” (p. 95). In comparison, field texts took the form of my raw data: personal narratives, written reflections, letters to my participants, and transcribed interviews. For example, when on the train ride back from my first conversation with Amelia, I wrote extensive field notes documenting my feelings, the interview, our discussion, and further questions I had. Upon returning home, I reread my field notes which provided me with the vivid details of what transpired that day. Reviewing the field notes prepared me for the creation of a field text—my first letter to Amelia. This letter shared my feelings about having the privilege to speak with her and

the questions I had for her. Field notes also provided information that helped me to write a reflection of my first interview experience.

### **Letters as Field Text**

Data were collected through letter correspondence. The purpose of the letter correspondence was to share narratives and experiences, examine our identities as teachers, and explore the use of narrative in challenging stigmatization in our lives. By nature, letters are very personal and involve sharing of the self. Thus, the study encourages the sharing of the personal, which can often be overlooked in traditional research. More specifically, narrative letter writing can allow for reflection of the self and sharing with others. Diamond (1993) explains that:

Writing helps us to distinguish between our different voices. It makes aspects of the self become more audible and possible. As a teacher educator and researcher, I am trying to reclaim myself by becoming a more visible and self-aware author, expressing many voices, including the personal. (p. 511)

My letter writing with participants followed Ciuffetelli Parker's (2011) narrative inquiry method of related literacy narratives, which involves the "story and experience as told and retold through the writing of letters" (p. 133). Ciuffetelli Parker (2011) had teacher candidates form triads and write to one another to discuss course material and their teacher knowledge, which she followed and to which she responded. Ciuffetelli Parker (2011) emphasized the "importance of narrative methods in teacher education and in settings of practice that focus on relationship with others as a way of understanding curriculum as lived and experienced" (p. 135).

Clandinin and Connelly (2000) explain that letters are how we “try to give an account of ourselves, make meaning of our experiences, and attempt to establish and maintain relationships among ourselves, our experience, and the experience of others” (p. 106). Letters are especially valuable because they involve both the researcher and participant and allow for the “give-and-take of conversation” (Clandinin & Connelly, 2000, p. 106). Furthermore, letters offer a personal approach for conversations between the researcher and participants. Also, due to geographical distance, the letter correspondence allowed us to converse more frequently than would be possible in person. Through continued letter writing, we could delve deeper into issues and expand on the ideas presented in previous letters, in contrast to interviews whereby the discussion ends after completion.

Engaging in letter writing allowed my participants and I to learn more about ourselves and explore our own personal knowledge. Through this experience, we were challenged to reflect upon how we view teacher education and our experiences with mental health issues. There is then opportunity to begin to re-story our identities for a future of change and opportunity. The method of related literacy narratives, outlined by Ciuffetelli Parker (2011), resulted in “mirrored experiences provided teacher candidates a screen by which to view their own teacher identity as it was formed, developed, and reformed through written transactional reflection with peers and a teacher educator” (p. 137). Related literacy narratives also hold the potential for teacher candidates to understand their experiences and develop new meanings together (Ciuffetelli Parker, 2011). This narrative process may also serve as a template for professional development on mental health problems, for it “can offer a blended approach to teachers’ storied



knowledge and the curricular bit of programming in schools” (Ciuffetelli Parker, 2011, p. 147). This allows us to begin with the needs that exist in teacher practice, as explored through the experiences of teacher candidates.

### **Letter Writing Procedures**

The letter correspondence was informed by the research process and inclusive of the procedures discussed above. The letter writing between me and my participants took place through email. The purpose was to share narratives and engage in discussions regarding mental health issues and becoming a teacher. The duration of the letter correspondence was set as 3 weeks, during which time the participants were not obligated to write a certain number of letters but instead encouraged to respond as much as they were able. I chose this method to ensure that participants were participating in an authentic manner, rather than feeling forced to complete the requirements. Participants could choose to use an existing email address or create a new one for purposes of the correspondence. I used my assigned university email for all such correspondence. Documents sent to the participants were password protected and only the researcher and the corresponding participant knew the password.

If needed or requested by the participants, the 3-week duration of the correspondence was extended. This was to allow for the fact that participants may have become busy with other obligations and may have needed more time. Amelia took a 1-week extension for the letter correspondence. Amelia explained she was busy with work and other obligations but felt that an additional week would allow her to share everything she was able to. I responded as soon as possible to responses from the participants. However, they were not obligated to respond within a certain period of time. I

encouraged participants to participate in correspondence as much as their schedules would permit. They were not pressured to respond and could have withdrawn at any time. When I received a letter correspondence via email from the participant, I saved it as a Word document, removed the email address, and labelled it with the pseudonym assigned to that participant. The Word document was password protected and I deleted the email.

### **Conversation as Field Text**

I used an initial interview and follow-up interview to collect data for this study. Although these are officially labelled “interviews,” they took the form of conversations. Conversation as a field text allows the researcher and the participants to share in a face-to-face setting. Through this conversation, which was audio recorded, I encouraged the participants to direct the conversation as needed to fully share their experiences. Recording the conversation allowed me more freedom to participate in the conversation, rather than concentrating on taking notes (Clandinin & Connelly, 2000).

The interview itself was influenced by factors such as the setting and relationship between the participants and researcher. There is always a power imbalance in any interview but more spontaneous conversation is likely to arise when there is a feeling of mutual respect and care. It is possible that a participant may tell and share views on topics unrelated to the study. However, this can be negotiated with the proper questioning (Clandinin & Connelly, 2000). Sometimes this requires a deeper probing, but “this is done in a situation of mutual trust, listening, and caring for the experience described by the other” (Clandinin & Connelly, 2000, p. 109). I feel that the established relationships I had with my participants aided in this.

## **Interview Procedure**

The interview process was inclusive of the above considerations and research. Participants participated in one interview that lasted between 1 and 2 hours, as well as in a follow-up interview. These interviews were conducted with each participant individually. Before meeting with my participants for the first interview, I sent them a list of guiding questions for their preparation (see Appendix A). I also sent a personal narrative for their review. The participants were not expected to prepare answers or narratives before the interview. Instead, the questions were to give the participants a sense of what may unfold in the interview. The participants chose the location of the interview that was most comfortable for them and one that allowed for privacy. Since the participants were located in different cities, I travelled to the location of their choice. The purpose of the interview was to elicit narratives from the participants and to have them explore topics related to becoming a teacher and to mental health problems. Since the study is a narrative inquiry, participants were not restricted to just telling stories and sharing experiences regarding teacher education but also were able to reflect on times before and after the program. Participants were also able to discuss any experiences during the teacher education year and not just what happened in class or during practicum. Though I had guiding questions prepared for this interview, I preferred that the participants saw it as more of a conversation that they were free to direct as they saw fit.

The initial letter to participants shared a narrative of my own that related to becoming a teacher in teacher education and experiencing mental health issues (see Appendix B). With this narrative, I posed a question and offered further thoughts. I encouraged participants to respond to the narrative and gave them the choice to respond

however they wished. During this process, I wrote reflections and narratives of my journey through the research process and the understanding that I developed through interaction with the participants. If narratives mentioned names of people or places, such identifiers were removed to protect confidentiality.

I encouraged the participants to share only what they were comfortable with and they could decline to answer any question. The participants were also informed they could end the interview at any time. I prepared guiding questions for the interview. However, the participants were not required to answer these questions and the purpose was to promote the sharing of narratives. Upon completion of the interview, I gave the participants a list of free mental health resources in their geographic location. This was to ensure the participants had access to resources if they felt they needed them after discussing sensitive topics.

After the completion of each interview, I completed the transcription or had the interview transcribed immediately by a transcriber who had agreed to confidentiality. Upon transcription, the participants were emailed the password-protected transcript for review. After they received the transcription, they were asked to review and offer changes or clarifications.

### **Data Collection Using the Three Dimensional Commonplaces**

Throughout the entire data collection process, I had to remain attuned to the three commonplaces of temporality, sociality, and place. When I was writing my narratives for this study, I referenced diagrams which hung on my wall. The diagrams provided prompts to consider when creating the field texts:

- Temporality: When did this event happen? How old was I? What was I doing with my life then? Compare me then, to now.
- Sociality: How did I feel? What did I believe? What values were most important to me? How would I describe my mental health at the time? Who was important to me? Who was there when the story took place?
- Place: Where did the event take place? Did I belong in this place? What did it look like? How did it make me feel?

I returned to these questions to add depth to the narratives I created. Having these questions was always useful in creating the letters and engaging in conversation with the participants. In writing my first email to the participants, I explained my process of keeping the temporality, sociality, and place in mind (and on my wall) as a way to bring vivid details to the stories I told. I encouraged them to think about place, time, their personal dispositions, and how social setting shaped their experience. I was able to probe for additional details and encourage them to provide more depth in their responses. Take for example Amelia, who shared a poignant story from her childhood. We returned to this story several times during our month of inquiry and probed further. I would pose questions such as: How did that make you feel (sociality)? Where did this take place (place)? What do you feel now when you think about this event (temporality)?

### **Analysis of Data**

In this section, I describe the data analysis procedures used in the preparation, interpretation, and presentation of data. The analysis of my data began with reading and rereading the field texts that had been created throughout the inquiry. The field texts were the raw data: my personal reflections and narratives, transcripts of conversations (initial

and follow-up with each participant), and the letter correspondence. I numbered the pages and lines of all transcripts, letter correspondences, and personal reflections in order to track all quotes and stories back to their original sources (Webster & Mertova, 2007). Through this process I was able to begin piecing together the central stories that participants told. However, the participants told many stories, from various times in their lives. Some of these stories were more relevant to the inquiry than others. To ensure I was meeting the purpose of the research, I returned to my research questions to guide the selection of the central stories. I looked for the stories that represented the experiences and identities of teacher candidates with mental health issues as outlined in my research questions. I drew interpretations from the interview transcripts, letters, and personal reflections to answer my first two research questions: What stories do the teacher candidates and I tell about being in teacher education with mental health issues? Also, how do we describe our identities as developing teachers who have experienced mental health issues?

After identifying the central story shared by the participants, I brought together all the details they shared about that story. This required pulling details from the various field texts. Some participants discussed the same story over several letters and discussions. This required bringing these pieces together, to allow for more depth to the story. The analysis of data was guided by my theoretical framework of the three dimensional commonplaces—temporality, sociality, and place—outlined by Clandinin and Connelly (2006). Through this process I explored the influence of time, social circumstances, and place on the identities and experiences of teacher candidates with mental health issues. In exploring the commonplace of temporality, I paid attention to the

past, present, and future of the narratives and my participants. I also explored how the temporality of experiences influences the meaning attributed to experiences and teacher identity. Exploring sociality highlighted the role of people and social circumstances on the experiences and identities of the participants. This included the influence of teacher candidate colleagues, teacher educators, associate teachers, family, and friends. It also included the administration of the teacher education program and policies of the schools in which they practice taught. Lastly, I explored place in the hopes of understanding the different places teacher candidates with mental health issues inhabit and how place shapes their experience.

### **The Coding Process**

Once each participant's main narrative had been identified, I read through them again while exploring the three commonplaces. I began with assigning codes to the data. Saldana (2009) defines a code as "most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data" (p. 3). As I read the data, I applied codes to mark specific ideas and information shared by the participants to be used in their descriptions including: mental health issue description, teacher education experience, identity as a teacher candidate, identity as a beginning teacher, goals, educational background, age, and teaching aspirations. This allowed me to quickly identify this information when writing the participant descriptions.

I coded the stories and information shared by the participants that related to the three commonplaces. I applied codes to the phrases and sections of stories electronically. All field texts were put into an MS Word document. Codes were applied to stories that represented the commonplaces: sociality, temporality, and place. This was achieved by

highlighting the codes accordingly: commonplace–sociality was yellow, commonplace–temporality was blue, and commonplace–place was green. I then used subcodes to represent specifics about the participants’ experiences. I marked the code electronically with a comment bubble that contained the code. The colours and comment bubbles helped me to visually organize the information. The categories of codes and subcodes are as follows: (a) commonplace–sociality: personal disposition, beliefs, relationships, and social context; (b) commonplace–temporality: past, present, future, and influence of time; (c) commonplace–place: practicum, teacher education, other places, influence of place, perception of place, and sense of belonging.

In my initial reading of the data, all the participant data were coded using the subcodes and codes listed above in order to explore the three dimensional commonplaces. This allowed me as a researcher to fully conceptualize the three commonplaces at play in all of the narratives. In a narrative inquiry, it is essential to explore the three commonplaces simultaneously. This is supported by Ciuffetelli Parker, Pushor, and Kitchen (2011) who explained that “three commonplaces are at play simultaneously as the experiences of teacher educators and teacher candidates move backward and forward in time, inward and outward in space, and as new stories are folded in and understood anew” (p. 15). However, for analysis and presentation in this thesis, I examined the participants’ narratives with one commonplace each to allow for an in–depth analysis of each. I explored my narrative with all three commonplaces at once.

Determining which commonplace would be explored for which participant began by interpreting the data. This began by printing the data, with all highlights and comment bubbles. I reviewed the printed data, and in a notebook I kept count of the times that



codes were assigned. This allowed me to identify the patterns that arose, and which commonplaces were most deeply discussed by which participant. Final narratives in the thesis were assigned to the participants based on what they shared, and which would best allow the depth of their story to be shared. Amelia shared most deeply about stigmatization and how her past experiences were influencing her today. Thus, narratives focusing on temporality were most prominently discussed and thus were chosen to take readers along her lived experience and give a glimpse into the development of stigmatization. Brianne focused greatly on her own fears and interactions with others, thus narratives focusing on sociality were chosen for her. Charlotte shared many stories about the places she inhabited and about her own sense of belonging, so narratives about place were chosen for her. Narratives that focused on all commonplaces simultaneously were chosen for me, because I could burrow deeply into my own past experiences.

### **The Evolving Themes**

Once the central story and commonplace was selected for each participant from the field texts, I explored the commonplaces with the purpose of revealing themes. For example, I explored the sociality in Brianne's narrative which allowed me to bring to the forefront the impact that her personal dispositions and social surrounding had on her experience.

As I explored the commonplaces, themes emerged. I made note of the themes in stories that emerged (Creswell & Plano Clark, 2006). These notes were written on the hardcopies of the data that contained the codes and subcodes. These notes were my interpretations of the data that emerged as I explored the commonplaces. For example, in exploring temporality in Amelia's narrative it became evident to me that stigmatization

was prevalent throughout her storied experience. Her past experiences of witnessing stigmatization appeared to influence her current fears of stigmatization. For example, I interpreted the following phrase from Amelia's narrative as stigmatization: "I guess it just makes me nervous. I say nervous, because of the assumption that comes with identifying someone with mental health issues" (Letter correspondence, May 7, 2012). Even though Amelia did not always use the words stigmatization, I interpreted parts of her stories to be characterized by stigmatization. When interpreting stigmatization in Amelia's narrative, I included witnessing stigmatization, fears of stigmatization, and self-stigmatization. My interpretations were based on the literature that discusses stigmatization and its impact upon individuals (e.g., Krupa et al., 2009). This required me to apply new codes that marked my interpretations and the themes that were emerging. For example, I used new subcodes to mark how and when she was discussing stigmatization. Due to the frequency and depth of her discussion of stigmatization, this was the theme I chose to represent Amelia's narrative. The other participant themes were also based on what emerged from the exploration of the commonplaces. I followed the same procedures as outlined above. This procedure was marking interpretations, identifying emerging themes, and applied new subcodes.

### **Research Texts**

Research texts are the final narratives and reflections presented in the thesis. Also provided is the deconstruction and analysis of these texts. Clandinin and Connelly (2000) explain that creating research texts is not an easy task, and can in fact take many forms. The narratives in this thesis were constructed using direct quotations from the participants. I gathered data from my field texts: transcriptions of conversations with

participants, letter correspondence with participants, and written reflections. I structured the narrative chronologically, thereby taking the readers alongside the participants' journey from their past to their present (at the time of data collection). After the research text was written, the participants performed a member-check. They were given the opportunity to review the selected narratives.

### **Social Significance**

My analysis of data was guided by Matsuda and Silva's (2005) observation that the collective group of narratives shared "does not result simply in a collection of stories that are personally meaningful only to the authors and participant" (p. 22); instead, the researcher must engage in a reconstruction of the stories to ensure a significant message for the audience of the work. As a researcher, I focused on moving from the *I* to the *they*, which included an audience that is searching for social significance (Clandinin & Connelly, 2000). In my view, this was achieved through the examination of my third research question: How can narrative and story be incorporated into the study of teacher candidates and beginning teachers with mental health issues to challenge stereotyping and stigmatization, and to contribute to the professional development of teachers?

### **Adaption to the Data Collection Process**

All participants participated in the introductory discussion and follow-up interview. Amelia and Charlotte participated in the letter correspondence, while Brianne opted to participate in the in-person discussions. After receiving my second letter, Charlotte asked to discuss in person with me the letter writing process and the difficulties she was having. Charlotte explained that while she had many ideas and thoughts she wanted to share, she drew a blank upon writing. She asked if we could come up with a

different format for her to share. I suggested Charlotte record her oral letters to me. Charlotte borrowed my recorder and shared oral letters. For me as a researcher, the process demonstrated some future considerations regarding data collection. This experience demonstrated to me that pre-planned data collection processes are not applicable to everyone. This required me to enter into honest dialogue with my participants and make changes as I saw fit. I saw myself similar to a teacher who must meet a curriculum while being responsive to students' individual needs and strengths.

### **Trustworthiness of Data**

Member checking occurred throughout the completion of this study. As discussed, when the study was completed, the participants were asked if they would like access to the results of the research, including the thesis itself. The document would be sent to them by email, or if requested, a hard copy would be delivered to the participant. Any details pertaining to the publication of the study or presentation at conferences will be emailed to the participants. If the participants indicated a preference, they would be contacted by phone.

The researcher can explore various elements to augment the validity of a narrative inquiry, including “the truthfulness of what the narrator says, the meaningfulness of the investigator’s interpretation of the narrator’s story, or in relation to the power of the investigation consideration as a whole to promote political change” (Wells, 2011, p. 114). Wells (2011) argues that this requires an understanding that any analysis of life experiences is “affected by the personal, social, intellectual, and historical circumstances of its author” (p. 114), but the researcher must also analyze the value and quality of the data and the interpretation. Olson and Craig (2001) describe narrative authority as “the

expression and enactment of a person's personal practical knowledge that develops as individuals learn to authorize meaning in relationship with others" (p. 670). Drawing from narrative authority is essential, for it allows us to move from a universal approach to teacher education to one that is generative (Craig, 2011).

I ensured my own trustworthiness by returning to the commonplaces to bring more depth to my stories, taking time to reflect on past experiences, and searching for artifacts (e.g., class notes, assignments, personal narratives) that provided more insight. It was also essential for me to develop more confidence in telling my story, and willingness to examine my past. This was possible through scheduling writing sessions that I set aside for personal reflection and writing. Even if I could not think of anything meaningful to write, I wrote anyway. This made me more open to the process, and skilled at doing so. Furthermore, reading the memoirs of people with mental health issues further inspired me to stay truthful to my story and not smooth over the parts that created discomfort.

Trustworthiness is also maintained by having the participants tell their own stories of experiencing mental health issues. These are stories often missing from the literature (Karp, 1994; Price, 2011). This process requires a person to tell a story, but also someone to listen. For the participants and me, this has included my own examination of how we also have oppressed other individuals with mental health issues. It can also include the oppression of others whether with the words I use or the resistance to act on what I saw was wrong. This is supported by Ware (2002), who explains that when unpacking ableist assumptions, some students become resistant and defensive when asked to reflect on their own experiences. Therefore, in order to ensure trustworthiness in the narratives shared, I had to create a safe space that was conducive for honest and open discussions. I modelled

this for the participants by being open to sharing the stories that were hidden, or made me feel uncomfortable in sharing. I encouraged the participants to do so too.

I have been mindful that sharing can be complicated by the fact that there will be some who do not wish to share their opinions and experiences; as a participant in Lammers and Happell's (2003) study said: "I think there are lots of people, who once they have had a mental illness, they want to forget it, they want to put it away and return to a normal life and never think about it again" (pp. 388–389). Furthermore, people create identities through the stories they tell and some may be idealized, such as the identity of the ideal teacher (Wells, 2011). I shared with them how it would be difficult to tell stories that conflict with the image of the ideal teacher. I agree with Jamison (1997) that although there may be concerns and consequences of sharing, it must be better than living a hidden life.

### **Ethical Considerations**

This study was approved by the Brock University Research Ethics Board (REB#11–104). There was the possibility that participants would feel sad or distressed during the process of discussing their experiences of mental health issues in teacher education. Participants were asked to explore experiences that were positive, but also some that were painful or hidden. This had the potential to cause emotional distress evoked by past traumatic incidents that led to mental health issues. Discussing issues of stereotyping and stigmatization also could have lead to stress and discomfort for the participants. To help protect the participants, they had the right to decline to answer any question and they had the opportunity to end participation at any time. Participants did not have to answer any questions that they felt put them at risk. Participants were also

informed of resources available (e.g., therapy, counselling, help-lines, etc.) in the event that they felt distressed and desired to discuss their experiences further. The resources were free of cost and close to the participants' geographic area, and were provided at the end of the interview.

Relationship is essential to narrative inquiry, for as Clandinin and Connelly (2000) explain "Relationship is key to what it is that narrative inquirers do" (p. 211). This study "occurs within relationships among researchers and practitioners, constructed as a caring community" (Clandinin & Connelly, 1990, p. 4). This emphasizes the importance of collaboration in which we all aim to learn from one another and contribute to research and practice. In some cases, without a proper relationship, participants are scared to share stories. It is my belief that my pre-existing relationship with my participants and their willingness to approach me for participation in this study helped build this caring community to foster meaningful and genuine sharing.

The purpose of the study was to explore being a teacher candidate in a teacher education program while having mental health issues. Thus, it was necessary to include participants who have or had experienced mental health issues, and they may consequently have experienced distress while exploring their experiences. However, risk was lessened by the fact that these participants had already self-disclosed their experiences of mental health issues and they requested to participate in the study.

### **Negotiating My Role as Insider and Outsider**

This study was not meant to speak for all teacher candidates who experience mental health issues. Rather, it was meant to offer generalizable trends based on my experiences and those of my participants. We inhabit the privileged position of having

successfully completed our undergraduate and teacher education degrees. As discussed in the beginning of the literature review, there are many who did not make it this far for a variety of reasons. McAllister and Walsh (2004) discussed the *double bind* of being both a consumer of mental health services and part of the dominant system of providing services or researching; they argue that:

if they are to be convincing in their claims to a position of authority they need to acquire the attributes and skills of an insider and yet their powerful position is only made possible because of their status as an outsider. (p. 25)

Trihn (1995) conceptualizes the complexity of the insider-outsider position:

The moment the insider steps out from the inside she is no longer a mere insider (and vice versa). She necessarily looks in from the outside while also looking out from the inside. Like the outsider, she steps back and records what never occurs to her the insider as being worth or in need of recording. But unlike the outsider, she also resorts to non-explicative, non-totalising strategies that suspend meaning and resist closure. (pp. 217–218)

Although I am in the insider category, it is important to critically address the outsider role I maintained as a researcher, for:

All academic practices of representation are colonising. In our preoccupation with, and desire for, authentic Others, we fail to consider who can talk and listen. Colonisation does not simply comprise appropriate intentions, but (unintentional) appropriative actions...or by representations of Others' voices in this text. Colonisation can thus be a consequence of our failure or refusal to notice the epistemic violence of our representational practices. (Kuppers, 2000, p. 112)



I remained aware of my role as insider and outsider through the writing of field notes which prompted me to reflect on my thoughts, role, feelings, and reactions to the participants. The main way in which I managed with my role as an insider and outsider was through presenting my story under my name rather than a pseudonym. This forces me to recognize in this inquiry that I am both a researcher and participant. Examining my journey throughout the process also aids in being aware of the tensions I felt and how I navigated both roles.

### **Justification**

Clandinin et al. (2007) explain that narrative inquirers must begin with the reasons in which they are pursuing a topic of research including their personal justification, the narrative beginnings. The practical justification explores how the study will impact the researcher's thinking about his/her teaching practice. This also includes implications for other teachers' practices. The last justification is based on the social and the implication the research may have for educational issues, including the social issues being explored. These are all elements that were essential to the analysis of data. I have aimed to answer the research questions and to address implications for further research. Thus, this narrative inquiry will not offer "how to" steps on working with teacher candidates who are experiencing mental health issues or how to help them recover. Rather, my purpose is to inform and share insights from the stories presented, in the hope of fostering learning environments in teacher education. This will not only inform my own practice, but hopefully encourage others to examine their own.

### Summary

I have reflected, learned, and grown alongside three female participants as we engaged in letter writing and conversations. Connelly and Clandinin (1988) describe curriculum as something not prescribed or delivered but rather lived. Rather than curriculum being conceptualized as something planned, it is something created by teachers. Pertinent to the personal growth of my participants and me is the concept of the *curriculum of lives*. Ciuffetelli Parker et al. (2011) describe this as “curriculum centered in the experiences of many individuals living in relation” (p. 10). Through our relationships and shared experiences, my participants and I have been given the opportunity to live a new curriculum of life-living that is inclusive and hopeful. The next chapter presents the narratives of the participants and my analysis using the three dimensional commonplaces.

## **CHAPTER FOUR: BREAKING THE SILENCE BY SHARING STORIES**

This narrative inquiry uses stories to gain insight into the often hidden experiences and identities of teacher candidates and beginning teachers who experienced mental health issues. Three teacher education graduates and I share stories of learning, teaching, and living. I explore the impact of these experiences on our identities as beginning teachers. Through this inquiry I lived alongside my participants as we explored our past, present, and hopes for the future. Through the sharing of stories I explore my three research questions: What stories do the teacher candidates and I tell about being in a teacher education program while experiencing mental health issues? How do we describe our identities as developing teachers who have experienced mental health issues? How can narrative and story challenge stereotyping and stigmatization, and to contribute to teacher education programs?

Four themes emerged from this study: the stigmatization and silencing of mental health issues; dealing with conflict; the need for a safe and supportive environment; and the complexity of mental health issues. These themes emerged through analysis of stories using the three dimensional commonplaces—temporality, sociality, and place—outlined by Clandinin and Connelly (2006). I explored the influence of time, social circumstances, and place on the identities and experiences of teacher candidates who experienced mental health issues. One commonplace was applied per participant, and one theme presented per participant, to allow for an in-depth analysis without exceeding the length limitations of a thesis. Amelia's story was explored with the three dimensional commonplace of temporality, Brianne's with sociality, and Charlotte's with place. Then, I simultaneously applied all three dimensional commonplaces to my own stories.

All stories were collected from the transcripts of discussions and letter correspondence with the participants. I was both researcher and participant and therefore my description and stories are also included. To allow for continuity and immersion in the narratives, each participant introduction is followed by the stories they told. I view Amelia, Brienne, and Charlotte's stories as equally important and therefore they are presented in alphabetical order. I presented my narrative last because it has been informed by my discussion and letter correspondence with the participants.

### **Amelia's Narrative—Stigmatization of Teachers With Mental Health Issues**

Amelia described how her experiences with depression impacted her life as a student during her undergraduate studies and as a teacher candidate during her teacher education program. Amelia disclosed that her depression began during her third year in her concurrent education program and that she was diagnosed with situational depression during her fourth year (Conversation, April 23, 2012). The *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) classifies situational depression as an adjustment disorder in which an event or external stressors cause feelings of sadness. During our conversations on April 23 and May 7, 2012, Amelia disclosed various stressors that impacted her depression including the death of a friend, difficulties with her teacher associate, and the stress of teacher education. Common symptoms of situational depression include social withdrawal, anxiety, loneliness, crying, hopelessness, and inability to sleep. Amelia explained that for a period of time, she did not know she had a mental health issue:

I mean, I think that mental health is a wide spectrum that affects people in general, and in varying ways. Sometimes it interferes drastically with their

everyday life, they need counseling or medication or other things to get through each and every day. Whereas other people might not even recognize that they have mental health issues. ...For a while I didn't really have a name to put with it or understand what I was experiencing, or understand that I was experiencing mental health issues. And it wasn't until it was too late and until I was having a lot of trouble getting through. ...When I went and sought professional help the counselor validated what I was feeling, and it was okay to be frustrated with the world, frustrated with the things that have happened to me, and for me, labeled it as situational depression, a fairly severe case in terms of that it was a hard time, it was hard to get up every day and just do day-to-day tasks that I needed to be a student, and that I was supposed to be someone who goes into the classroom and has to be chipper and help students. That was a hard reality to live. (Conversation, April 23, 2012)

Amelia also shared how her depression directly impacted her academic performance:

I felt the guilt of always coming up with excuses for why I wasn't doing things. But like you said when you just can't bring yourself out of bed. ...It's not like I was even tired! But I would tell myself I was too tired to do things. I would lie in bed for hours and not really sleep, and I wouldn't be able to get out and do things either. And that I guess it impacted all areas of my life. I used to have a saying for friends: "well I can't do everything in one day! I have to decide whether I am eating, sleeping, I am doing my schoolwork, [or] I am showering. Because I can't do all four in one day!" It just didn't happen for me that year. I was lucky if I could pick two, maybe three of the things for the day. And so it became hard and

surprisingly, like I said, I don't know how I survived...It was definitely something I kept to myself. I feel there is a lot of shame associated with mental health. As we talked about before, guilt, having guilt with myself, that I couldn't get things done on time, that I was making excuses. ...But at the same time there was a lot of shame associated [with] it...I didn't feel I could necessarily be myself and tell instructors. (Conversation, April 23, 2012)

Next I present Amelia's storied narratives that were gathered from our two conversations and letter correspondence. These stories uncover the predominant theme, the stigmatization of teachers with mental health issues, which emerged from Amelia's narrative. This theme emerged through an examination of the temporal dimension of Amelia's narrative. The temporal dimension of her narrative is striking because it brings to the forefront the development of stigma over time. I asked her to share stories from her past. She shared a story from when she was in grade 1:

When I was a grade 1 student, we had a straight [grade] 1 class, a split 1/2 and I happened to be in the split1/2, but the straight 1 class I had friends in, and to this day I'm still friends with some of my childhood friends. One in particular was in this class and she'll talk about it—we were what, 6 years old, and we picked up on ... an older teacher. ... She suffered what we referred to as a mental break. That's the term we heard said I guess by the adults, and she was there for the first couple weeks. And the adults around us told us the class was so bad that she suffered a mental break and she never came back to finish that year, the class had a supply the rest of the year. But it was, "Oh she had a mental break, she's washed, up, she's over, her career is dead!" The idea is if you have a mental

illness then you're done, there is no coming back, there is no reason you should be around children, you're obviously unstable, if you're going to be around children teaching them you should be stable is the idea. I don't think that it's talked about for teacher candidates or beginning teachers, because if you're struggling that much the idea is you shouldn't be in this career, you're just starting out and if you can't handle what's happening you don't belong, and that's an unfortunate place to be in. (Conversation, April 23, 2012)

The story Amelia shared was an event from her formative years, long ago and what is noted is the temporality of this narrative. Amelia shared the story of a grade 1 teacher who experienced a mental breakdown. Even though this event happened when Amelia was 6 years old, she still remembered it very clearly. Amelia later revealed:

From listening to the adults around me, I remember thinking at that time that I was so happy to not be in the "crazy teacher's" class, but had my own classroom with a really great teacher. I also remember thinking that it must have been really scary for the other grade 1s to be in the class with the "crazy teacher," and I'd often wonder if she had infected her class somehow. Being only 6 years old myself, when I heard of the adults around me talking about her being crazy, having a breakdown and needing time off, I thought of this as a physical illness. As a 6 year old I was thinking having a breakdown meant your body fell apart, kind of like having a really bad case of the flu. I was sometimes worried for a while that I was in a school of crazies now and could the rest of us catch it. (Letter correspondence, May 7, 2012)

Stigmatization is evident in this story. Hearing adults say, “She’s washed up, she’s over, her career is dead,” gave a very young Amelia the stereotypical idea that teachers who experience a “mental break” will no longer be employed. Corrigan and Watson (2002) say that “impact of stigma is twofold. ...Public stigma is the reaction that the general population has to people with mental illness. Self-stigma is the prejudice which people with mental illness turn against themselves” (p. 16) and can take the form of stereotypes, prejudice and discrimination. Negative images of people with mental health issues are prevalent and with time people can come to believe these messages about themselves or others. In young Amelia’s case, the negative reactions of adults around her lead her to be “so happy to not be in the “crazy teacher’s” class.” In this instance, fear induced by others led her to stigmatize the “crazy teacher.”

The temporal dimension of Amelia’s story is evident as she reflects and gains insight over time into her childhood misconceptions of mental health issues. As a child, Amelia viewed mental health issues as a physical illness that “meant your body fell apart, kind of like having a really bad case of the flu” which lead her to worry she too could catch it. While Amelia is able to identify misconceptions, it does not make her feel more comfortable as a beginning teacher who experiences mental health issues. Amelia believes that there is still the prevailing belief that “if you’re struggling that much the idea is you shouldn’t be in this career.” Amelia shared how this made her fearful of identifying as a beginning teacher with mental health issues because of stigmatization:

I guess it just makes me nervous. I say nervous, because of the assumption that comes with identifying someone with mental health issues...the assumption of people with mental health issues is that they are crazy and not normal. ...People



with mental health issues are not people that are generally wanted in classrooms having daily interactions with children and shaping the minds [for] future generations. If all this is true and I admit to having had mental health issues at times in my life, then what will parents and educators think of me? Will I be deemed too damaged to interact with children and never be given a place in a classroom? I certainly hope this is not the case, but maybe you can see why I feel nervous about exploring these past events and feelings. (Letter correspondence, May 7, 2012)

Amelia's past storied experience also reveals stereotypes and discrimination against teachers with mental health issues by parents and school communities. Amelia worries about being "deemed too damaged to interact with children." Her worry is best understood by examining the narrative dimension of temporality because, as a child, Amelia saw that a teacher who experienced a mental breakdown was deemed unfit for teaching. While Amelia hopes this does not happen to her in her development of becoming a teacher herself, she cannot help but "feel nervous about exploring these past events and feelings." This demonstrates how past experiences influence later experiences and Amelia's fears can be traced back to what she learned as a young child. The fear is embedded in her now in her present because of her past experience. Further still, Amelia then shared a story from her teacher education year that demonstrated for her that there are negative consequences for teachers with mental health issues:

You know, we have a built in support system [in teacher education] and yet that system breaks down. One of the girls in my cohort, I guess I can speak to, we were good friends throughout our years in university working towards our

[teacher education] year, and when we finally got there, she, I don't know what words she would describe it, in essence she had a snap. It was too much stress for her, and she became overwhelmed as we reached our teaching block. She ended up needing to take time to attend to her personal feelings about the program. We were almost done, this was going to define her year this year and she had trouble coping with all that. From the whispered hushed voices I heard from our peers that [taking time off for mental health] was kind of frowned upon—"oh she missed her teaching block, oh she took time off, oh she went home, oh how [is] she going to catch up, oh she thinks she will graduate with us, she thinks she's going to be a good teacher"—she wasn't even around for first block! I think just the feeling I got from her...she felt some shame. I'm sure she felt left behind; we all came back talking about our first teaching block, how wonderful it all turned out to be. We had some great students we all cared about. She missed out on all that, but she had to sit through all of us talking about that. (Conversation, April 23, 2012)

Stigmatization is evident in the "whispered hushed voices" from peers that categorized the teacher candidate as unfit to be a teacher. As Amelia explains, "I think just the feeling I got from her...she felt some shame" it appears that the teacher candidate had self-stigmatized as well. The negative consequences for this teacher candidate were similar to the Grade 1 teacher that Amelia described. In both cases, the ability of the teacher to teach and his/her place in the classroom were challenged by others. As part of Amelia's temporal storied experience, this event demonstrates again that some teachers with mental health issues are stigmatized.

As Amelia continued to reflect on the stigmatization of teachers with mental health issues, she began to worry more about her own situation:

I have now...graduated with my [Bachelor of Education] for almost 2 years. I have also been [to] at least four major job interviews for various teaching opportunities and have yet to successfully obtain a paid teaching job. Am I sending out some kind of vibe in these interview settings? I do find the interview setting, itself, a stressful situation to be in, so what if I'm not even realizing I am exhibiting some sort of "mental health issue, key signs" during these interviews? Am I to blame for not receiving a job yet? When I am in action in a classroom all the teachers I have met have given me rave reviews in terms of my ability to perform in the classroom. And I have been told I am a natural. Yet I continue to long for the day I can head off to work every morning to my dream job. While I wait for this day to come, I do my best to ignore the depression I feel creeping up on me. (Letter correspondence, May 18, 2012)

When Amelia questions if she is to "blame for not receiving a job yet" it appears that she worries about being stigmatized by others without her knowledge. In Amelia's past, she has seen teachers being stigmatized because of signs of potential mental health issues. The teachers Amelia described did not disclose their mental health issues. Rather, assumptions were made based on observations by others. Amelia's self-esteem as a teacher wavers as she worries that she is "exhibiting some sort of 'mental health issue, key signs'." As Amelia focuses on exhibiting "signs" of mental health, she loses focus of her qualifications and performance as a volunteer. Therefore, despite being called a "natural" and getting "rave reviews," when examining Amelia's personal narrative and

that of her friend, the temporal impact of stigmatization is evident. As part of Amelia's temporal storied experience, this broader narrative demonstrates that stigmatization has a profound impact on Amelia's views about teachers with mental health issues. Despite both Amelia and her friend successfully completing teacher education, a sense of shame, stigma, and uneasiness reside in their stories because of their personal and observed experiences with mental health issues.

While the above stories demonstrated Amelia's fears, she also shared a story that demonstrated her willingness to discuss the hardships of trying to get a teaching job<sup>1</sup>:

I actually spoke a little bit to a friend who also recently completed teacher education, has no teaching job—permanently or part-time—and just discussing with her how frustrating going through the teacher education process can be, how...we want to aspire to be one of those people in the classroom and yet then facing no opportunities at the end of it and how that takes a toll on our mental health. I shared with her a few snippets of parts of the letters I wrote in sharing my own narrative, and it was interesting to have such validation, her to say, “Wow, that's really how I feel, too.” It's interesting to see that we had such shared experiences when we went through teacher education in completely different cities and different programs—myself initially being in the [Junior/Intermediate] and she was [Intermediate/Senior]. So it's just interesting to know that that's happening [elsewhere too]. (Conversation, June 10, 2012)

In this story segment, Amelia demonstrates a willingness to discuss mental health issues in general and looks at the challenges faced by beginning teachers seeking employment.

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<sup>1</sup> The current job market for teachers in Ontario is difficult, with a majority of teacher education graduates reporting unemployment or underemployment (McIntyre, 2012).

Although in previous stories Amelia expressed concern over discussing mental health issues, she has reached a point in the present of being comfortable discussing this topic “a little bit to a friend.” Amelia receives validation and contextualizes her and her friend’s experiences as “shared experiences” despite being in “completely different cities and different programs.” With her friend she was able to share personal stories without fear of stigmatization and damage to future teaching prospects.

As we live alongside Amelia’s narrative, we experience the dimension of temporality of her depression. The meaning she attributes to her depression is influenced by her past, present, and hopes for the future. After recalling her observation from when she was a little girl on issues related to mental health and teachers, Amelia shared her personal experience of depression from her third year of her undergraduate to present day, which is a 5-year span. Depression continues to impact her today as she lives her daily life and looks for employment as a teacher. The temporality in Amelia’s narrative demonstrates, too, that the meaning Amelia has attributed to her depression has changed over time with new experiences she has had. For example, while speaking with her friend and with me, Amelia begins to feel less stigmatized when she understands that other beginning teachers have experienced mental health issues as well; she is not alone. This moves Amelia from the position of a shamed individual to part of a group of beginning teachers who have had similar personal and professional life experiences. Sharing her narrative has given Amelia a way to share the experiences that define her developing identity and bring meaning to her teaching life.

In this inquiry, a deeper understanding of stigmatization was developed by exploring the temporal dimension of Amelia’s narrative. Amelia’s own experiences with

depression, created and developed stigma within her and amongst the community in which she lived and learned. This stigma can come from the public, or the teacher experiencing mental health issues. In doing so, the development of stigma over time was apparent. Dewey (1938) explained that “Just as no man lives or dies to himself, so no experience lives and dies to itself” (p. 27). For Amelia, her past experiences and the meaning she makes of them now have a direct impact on her identity as a beginning teacher and the beliefs she holds about her teaching prospects. Amelia’s narrative and the theme of stigmatization exists along a continuum of experiences that have profoundly influenced her from the situations and interactions of events and people in her past and in the situations and interactions of her present (Dewey, 1938).

### **Brianne’s Narrative—Dealing With Conflict in Teacher Education**

Brianne described her mental health issues in teacher education as being the highest level of anxiety she had ever experienced:

The program I entered was very competitive and it was spoken as such. From one of my very first lectures they informed us that only one in three of us would be there by year 5. So the entire 5 years was competitive but I did enjoy the first 4 years, by the time I did get to my [teacher education] year it was frustrating because I had learned a lot of content before, and I also wasn’t crazy about the group work. ... It wasn’t until my teaching placement that I began to experience anxiety at a level I never had experienced in my life before. (Conversation, May 5, 2012)

Brianne characterized her anxiety using words and phrases as: worry, crying, high levels of stress and feeling worn out (Conversation, May 5, 2012; June 3, 2012). In addition,

Brianne experienced panic attacks (Conversation, May 5, 2012). Brianne shared how her own experiences with anxiety have informed her practice as a teacher:

Having gone through these days where I just didn't care about school, then I look back and realize...[for] students there is so much more going on in their lives. My life is school, their life is not school, they have other issues, they have their own lives, they have to babysit their little siblings, and other stuff going on. And then my own stress level in [teacher education], there are days when learning isn't the priority. I also realize now if the majority of your students are not doing well, that's your fault as a teacher—you're not accessing those students somehow, you don't know your students well enough, it's not the fault of the student exclusively.

(Conversation, May 5, 2012)

Next I present Brianne's storied narratives that were gathered from our two conversations. These stories uncover the main theme, dealing with conflict, which emerged from Brianne's narrative. This theme is uncovered by using the commonplace of sociality.

The theme that emerged from Brianne's narratives throughout the inquiry is the necessity to effectively deal with conflict that emerges in teacher education. This theme emerged through an examination of the social dimension of Brianne's narrative. Sociality refers to the personal conditions (e.g., beliefs, values, moods) and the social conditions that influence an individual's experience. In our conversations (May 5, 2012; June 3, 2012), Brianne's stories of teacher education centered on a difficult relationship she had with her teacher associate:

I enjoyed my first placement immensely and I felt the [associate] teacher was very compatible with me. The highest degree of anxiety was in the second placement with the second [associate] teacher, who informed me that she didn't want a student teacher but was forced to take one at the insistence of her principal. We had completely different teaching styles, which she didn't communicate properly, and it was the first time in my life. ...I would have to deal with [disapproval from an adult], but it was difficult at the time. I wasn't being met with approval from an adult, and I had always been met with approval from adults and teachers, and here I was trying my hardest and she didn't care for what I was doing but wasn't communicating this. But I always had a great deal of stress because I was there for 6 or 7 weeks. ...I was teaching full time nearly off the bat...I didn't feel like I was doing what I wanted, I wasn't engaged. ...What I taught wasn't correct according to her...some of the anxiety I experienced was I would be up all night putting lessons in the format, which took hours, you get so frustrated! Because the formatting itself wouldn't work, it wouldn't have anything to do with the lesson, or it wouldn't print properly, or you'd be out of ink, it would be this or that. So there was lack of sleep, but when I would go to sleep I wasn't able to sleep due to high levels of stress. I was just very extremely emotional and my friends could see in my face. ...This particular [associate] teacher...reported to her peer teachers in her school that [also] had [teacher candidates]...that I didn't know what I was doing and she was curious as to why my school had sent me. And while I achieved high marks in my first placement, I was informed this had occurred before [a conflict between the associate teacher and former teacher candidates].



...So of course I was horribly embarrassed, so I went through with that on my shoulders. (Conversation, May 5, 2012)

Examining the social dimension of her narrative reveals how a teacher candidate's interactions with peers, teacher associates, teacher candidates, and others can profoundly influence the experience of teacher education. The story Brianne shared is understood narratively by being attuned to the social dimension of her experiences, in this case, which brings with it severe anxiety and stress. This brings to the forefront of this analysis the social and personal factors that shaped her experience in teacher education. Thus, Brianne's narration of her story is not limited to the events that transpired, but also the social dimension including the people in her social context and her personal feelings and beliefs. Brianne was under the direct supervision of a teacher associate who Brianne noted did not want her there and who Brianne felt "didn't want a student teacher but was forced to take one at the insistence of her principal." Personally for Brianne, this clash with her associate teacher was devastating because she "had always been met with approval from adults and teachers." Brianne's anxiety is exacerbated by things that appeared minor, such as difficulties formatting her lesson plan and running out of ink. With Brianne's stress already being so high, these are extremely frustrating. The narrative dimension of sociality is evidenced when Brianne becomes embarrassed by the other teacher candidates speaking about her. This sense of embarrassment is carried on Brianne's "shoulders" as she tried to prove she was knowledgeable. Despite her best efforts, Brianne's conflict with her associate teacher continue.

As Brianne reflected on the situation with her teacher associate, she revealed the following:

I look back now, and they were good lessons! And my [university] advisor would say they were, but according to her [teacher associate] they weren't good lessons. She was not receptive to questioning [by me] I would say, "Is it appropriate to give this amount of homework?" And she would say "That's up to you." [I would ask], "Is this strong or not strong?" "Well that's up to you." That was frustrating as well, I felt like she was there as more of an evaluator than an [associate teacher]. There wasn't much advising going on, it was a critique. (Conversation, May 5, 2012)

The theme of conflict is evident in this story. When Brianne's associate teacher was "not receptive to questioning," Brianne becomes further frustrated with her situation. Rather than feeling as if she could work with her teacher associate, Brianne felt she was in a position of dominant evaluation. Brianne further elaborated that her anxiety became so difficult that she needed to take a break from teacher education:

One point at the middle of placement, I became so overwhelmed. I had to take 2 or 3 days off and I had to call in and say I had the flu. I had to regroup. I had to go home to my family. I wasn't sleeping. I didn't feel like I was eating. I didn't want to eat. I would go home and cry every night to my house mates, just, I couldn't express why I was so stressed. And I think part of it was I was trying to be successful and if I shared this [stress and anxiety] I was scared my name would get out in a negative fashion... I am very private about my grades and things such as that, that was definitely negative. There was a time I did speak a bit to my family, but I could not really speak about it and I couldn't do anything about it. I just got to this point that upset me. Where I was just getting up every day and just

getting through it. I didn't think it was fair to the students, and I think my negative experiences with the teacher somehow resonated with the students. ...I felt terribly guilty about that, I did go home when I had a week left in my placement for a wedding and I was sitting with my family and I broke down and I cried and cried because I had been so stressed. I feel like the stress finally broke because I just wanted it to be over. (Conversation, May 5, 2012)

Brianne chose to disguise her time off as the flu, rather than share her experiences of stress and anxiety. She later revealed her reason why:

I was raised in a family where work is valued and you don't [take off work] unless you are very very sick...so to say something like mental health, I don't think it would work [to take time off]. I don't think this [associate] teacher would have been responsive to that, certainly, perhaps the faculty of the university would have been more responsive but I wouldn't have admitted [I was mentally drained to the associate teacher] because that would be admitting a weakness and, when you're practice teaching, what are you going to do when you have the real responsibility of a class, and I just feel that I wouldn't have. I would have never said for that reason. (Conversation, May 5, 2012)

This critical and poignant piece of Brianne's narrative demonstrates the sociality dimension of her narrative—the personal conditions, such as feelings and beliefs which shaped her response to conflict with her teacher associate and the mental health issues that arose. Since Brianne did not think her associate teacher “would be responsive to that” she does not share the anxiety, stress and other feelings she was experiencing. Due to her pride and not wanting to be “admitting a weakness,” Brianne continues to seek

help from friends and family but without mention of her mental health issues. When her associate teacher “was not receptive to questioning,” Brianne becomes frustrated because she was not receiving the advice she felt she needed. Rather than teaching in her own style, Brianne feels helpless in trying to teach how her associate teacher wanted her to. Exploring the social dimension of her narrative highlights the social conditions and personal conditions that influence a teacher candidate’s ability to deal with conflict. In Brianne’s case, it also gives insight into how mental health issues can develop in response to conflict and the conditions that contextualize it. Brianne shared how the stress and anxiety developed because of her inability to cope with the challenges in teacher education, and the negative relationship she had with her teacher associate. In this, we see her personal factors (e.g., insecurity, uncertainty, perfectionism) at play with her social context (e.g., conflict, competition with peers, demands of the program) to foster the development of stress and anxiety. While her first practicum was enjoyable, the factors that aligned for the practicum described were not ideal for Brianne.

In narrating her stories, Brianne focused on the teacher associate’s role in the conflict that ensued during her teacher education practicum. While it appeared to Brianne that the teacher associate created a situation for her that was less than ideal, Brianne also identified her own role in this conflict:

My mental health experiences were not attributed to the university it was just the situation I was put in, and part of that was me personally having to deal with things that I had not experienced before. And the fact that I was experiencing them in a year when everyone led me to believe it was so wonderful, and it was what all these years had built up to, and the fact I wasn’t enjoying it and wasn’t

excelling according to me. I felt I [should have known] what I was doing or I should have been more successful than I was, and that was creating stress.

(Conversation, May 5, 2012)

Brianne later revealed how educational experiences after teacher education have given her further insight on the conflict she had had with her teacher associate:

And that was no one else's fault but my own, but it was just something I had to deal with, and realize that the issues that were stressing me out were not issues necessarily that would be an issue in my career. That issue with my colleague is not going to follow me for the rest of my career. But when someone who has difficulty for settling [for] less than perfection... it was difficult to compartmentalize and sort out what is better to be legitimately stressed out about, and whether it's just something that I need to put up with for the time being. ...I took an excellent course through my Master's program called "Interpersonal Relationships Between Colleagues in School." It's okay to disagree with your colleagues. It's okay to disagree with your boss...and perhaps just having more of a support. You do have your cohort groups, and perhaps instead of talking about the academic, when sitting with your advisors [you also] have other questions. "How are you getting along with your teachers? Are there times? ... I have just a reflection of when I look back and it was a matter of taking things in stride. I'm having an issue right now with a colleague that had it been 2 years ago in [teacher education] would have devastated me, and right now it's a minor annoyance, and I complain about it, but it doesn't affect me in the same way. Because in that mindset of [teacher education] you're trying to do everything and you're so

worried about your career, you're so worried about your grades, whereas you can't realize what's important, what's not, and what you need to take seriously, and what you don't. So if anything it's just a reflection of how far I've come since [teacher education]; not only in both in my knowledge of the craft, my skill teaching, skill sets obviously developing, but just in the knowledge that personally I've grown, and how to deal with the people is such a different thing.

(Conversation, June 3, 2012)

Retrospectively, Brianne is able to identify the social and personal factors that influence conflict and how it is handled. The course Brianne described was taken in 2011 as part of her Master of Education program. While not directly related to mental health issues, Brianne feels the course helps her now as she works as an occasional teacher and educational assistant to effectively handle conflict with colleagues. This course allows Brianne to reflect on teacher education and her conflict with her teacher associate and understand that "It's okay to disagree with your colleagues. It's okay to disagree with your boss." This personal understanding impacts Brianne's ability to deal with conflict that occurs and leads her to understand, in very much a social manner, "how far I've come since [teacher education]; not only in both in my knowledge of the craft... personally I've grown, and how to deal with the people is such a different thing." Dealing with conflict is "such a different thing" because as a teacher candidate "in that mindset of [teacher education]...you can't realize what's important, what's not, and what you need to take seriously, and what you don't." For Brianne, as a teacher candidate, "it was difficult to compartmentalize and sort out what is better to be legitimately stressed out about, and whether it's just something that I need to put up with for the time being."

Brianne explains that these are skills she now has that allow her to deal with conflict more effectively.

In our discussions, Brianne explained that this approach has lessened her anxiety and stress. Brianne shared how her own experience demonstrated that in teacher education, teacher candidates may not have the skills to work through conflicts and address mental health issues that may occur. Although Brianne understands this in retrospect, she shared her view that negative feelings in teacher education can be devastating:

If [teacher candidates] are unhappy, if they're uncomfortable, if they're stressed, if they're not confident; that could have a lifelong impact. For my own personal [experience] in my [teacher education] there are so many times that I questioned if this is what I wanted to do. A lot of it was based on performance...how I was measuring up and often just my own stress level at the time. Was this something I wanted to do for my whole career? So I think the "so what" in that is that it's something that needs to be looked into, because you might have these wonderful, bright people that do not stick it out [and] change careers. (Conversation, June 3, 2012).

Brianne argues that there is a definite need to be responsive to the needs of teacher candidates and allow openness for discussion around what they are experiencing. Brianne is now a successful occasional teacher with these insights, but in teacher education she doubted whether she should be there. Brianne raises a valid point: What about teacher candidates or beginning teachers who leave or choose different careers? There is a body of literature that discusses this and the complexity (e.g., Aud et al., 2011; Long et al.,

2012; Schaefer, Long, & Clandinin, 2012). Brianne further explained that, for her, acknowledging mental health in school is not enough:

When mental health is acknowledged in school, and you might see somebody who's depressed or very stressed out... those are the two I could think of off the bat, and it's acceptable if they're seen as a valid justification...the school I'm at right now there are several teachers that have lost parents, and several teachers have also in the last couple of years have gotten divorced. Well, if someone is having a bad day you know they're distracted about the divorce, and there's an excuse, but if somebody was having a bad day and you didn't have that excuse I don't know how accepted it will be and then it would be, "Oh what is their problem?"... For the teacher candidates, I would like to see if there is a way of being more comfortable within their university community addressing it, discussing it. (Conversation, June 3, 2012)

Brianne's storied experience highlights the importance of exploring the sociality of teacher education programs, schooling environments, and the conflict that can occur within them. Experiencing stress, conflict, and incompatibility in teacher education practicums is not unusual. However, what is unique in Brianne's narrative is the manner in which she responds to the conflict she encounters. The clash with her teacher associate is devastating to her especially because she was accustomed to adult approval. Brianne's anxiety becomes so high that minor events (e.g., running out of ink) become a cause of further stress and anxiety. Thus, Brianne's anxiety causes her to react to conflict in heightened ways that become uncontrollable perhaps in comparison to the general



anxiety that teacher candidates undergo in practicum situations. Her predispositions created a situation that fostered further exacerbation of Brianne's mental health issues.

When she reflects on this experience, she calls for teacher education programs to provide a way for teacher candidates with mental health issues to be "more comfortable within their university community addressing it, discussing it." Brianne's narrative has demonstrated that moving towards a bias-free environment about mental health requires a consideration of the personal conditions of teacher candidates and the social conditions they are immersed in. Part of creating this bias free environment is not questioning why someone is experiencing a mental health issue and determining what valid reasons are. Challenging stigma in a community requires an acceptance that people experience mental health issues for a variety of reasons, all of which are important to understand and respect. When a community is positive and safe, it has the potential to meet the needs and offer support. Through mutual support and respect, a forum can be created for students to seek help, learn, and offer support. Just as the teacher candidates strive to meet the needs of their students, they can put this into practice with their teacher candidate colleagues. Personal factors, such as worries and a lack of confidence, limited Brianne's participation in the teacher education community. She felt unsupported by her teacher associate which exacerbated her worries. The conflict between Brianne and her associate removed any possibility of learning and support from their relationship. For Brianne, the university was a more appropriate place for these discussions where "there are plenty of people your age who understand what you're going through because they're in that program" (Conversation, June 3, 2012).

In Brianne's narrative, a deeper understanding of conflict in teacher education and mental health issues was developed by exploring the commonplace of sociality. As we live alongside Brianne's narrative, we experience the conditions of her anxiety and stress. Brianne revealed that she felt it was very important for her teacher colleagues and potential employers not to know about her mental health issues. Brianne argued that associate teachers and teachers in general may not think you are up to the job, and that is not something that could be risked. Brianne stated earlier that she made a concerted effort to protect her perceived teacher identity to avoid her name "getting out in a negative fashion." Despite the fact that Brianne knew she would never work in the school board, she saw the impact of a negative image in her practicum school almost like a ripple through a pond. She evaluated it as too large of a risk for her to be exposed as having a mental health issue. When experiencing conflict with her teacher associate, her mental health issue exacerbated and she chose not to share what she was experiencing. Sharing this story, in retrospect, profoundly shaped Brianne's current narrative as she is able to shape her teacher practice and acknowledge her personal growth since her teacher education program. It is highly likely that Brianne will come across social conditions that create conflict while teaching, but she has a better understanding of herself and skills that will guide her in effectively managing her experiences.

### **Charlotte's Narrative—A Sense of Belonging**

During our conversations, Charlotte described her mental health issues that were steeped in anxiety and depression. While Charlotte was aware of the impact of her mental health issues, she admitted that experiencing mental health issues is not something she wants to share with others:

There was nothing said about it, but it was that I knew it was a taboo topic, or that there was a stigma attached to it and I didn't want to say, "Hey, I have a problem. I think I'm depressed," because I didn't want anyone to know. It's like the first step is admitting you have a problem, and you never want to fucking admit you have a problem, so it kind of works against you. (Conversation, May 7, 2012)

As a result, Charlotte continues to make a conscious effort to hide her mental health issues.

The more, the deeper I feel like shit or the deeper my depression or the deeper whatever it is, I get more dressed up. ... I'm trying to smoke and mirrors ... There's a lot of prejudiced people out there. We do not live in a Utopia where we're all nice. I think we've learned fear through a learned process. You don't wake up—a baby isn't afraid of burning themselves on a stove until after they've burnt themselves on the stove. You don't necessarily fear telling these stories. You've learned it, and whether that's just being shaped or queued through the environment hearing, "Oh, look at that person. They're fucking crazy. Don't go near them." (Conversation, May 31, 2012)

Charlotte masks her mental health issues because she had learned from her environment that mental health issues are stigmatized. Since Charlotte did not "live in a Utopia where we're all nice," she felt it necessary to remain silent and not reveal that she was having a problem. Charlotte admitted that remaining silent "kind of works against you" because, although she needed help, she did not seek it. This traps Charlotte in a cycle in which her mental health issues worsened because she placed so much effort on masking. However, at the end of our initial discussion, Charlotte stressed that although the teaching

environment was not conducive to her mental health, it may be positive for other teacher candidates and teachers:

My experience may read as being profoundly negative, but that was my own experience. There are other people who are teachers, probably with mental health issues, who are doing fine, and who are thriving, and who live and breathe to be a teacher, and I think that's fine and that's their experience. (Conversation, May 7, 2012)

When she stated, “but that was my own experience,” Charlotte revealed her understanding that people experiencing mental health issues have individualized experiences. Thus, although she characterized her experience as “being profoundly negative” she understands that not all teacher candidates who experienced mental health issues have the same interpretations of teacher education. Every teacher candidate is unique, as are the teacher education programs they are educated in, as are the teaching practicums they complete, and the teacher associates that they work with. The place of teacher education is therefore complex, as are the teacher candidates that inhabit those places. This, in turn, leads to a variety of interpretations of the experience of teacher education for teacher candidates with mental health issues.

Next I present Charlotte's storied narratives that were gathered from our two conversations and letter correspondence. Examining Charlotte's storied narratives has allowed for a deeper understanding of why Charlotte characterizes her experience in teacher education as “being profoundly negative.” The theme that emerged from Charlotte's narrative is the importance of a sense of belonging in teacher education. This theme emerged through an examination of the dimension of place in Charlotte's

narrative. Connelly and Clandinin (2006) define place as “the specific concrete, physical and topological boundaries of place or sequences of places where the inquiry and events take place” (p. 480). A place can provide an environment that creates a sense of belonging and is conducive to learning, living, and growing. However, places can also exclude and limit one’s ability to succeed and learn. A place is multifaceted and shaped by many factors including the people who inhabit it, their willingness to be part of the place and relationships that they form. Baumeister and Leary (1995) made the connection between a sense of belonging and wellbeing, explaining that “human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships” (p. 497).

Charlotte began her narrative of becoming a teacher with the decision to leave the business based program she entered after high school. Her decision to leave was influenced by her anxiety and depression:

I knew it wasn’t normal, the amount of anxiety that I experienced, and not being able to sleep, and feeling sick to my stomach, and all of that going into being in a class. It affected my not being able to have meaningful relationships with other people, because I felt they could not understand what I was going through, and I did not want to admit, half the time I spend, I’m alone and I’m not happy. I did not want to admit to other people, I am not happy, and I’m not happy on a daily basis. There was nothing said about it, but it was that I knew it was a taboo topic, or that there was a stigma attached to it and I didn’t want to say, “Hey, I have a problem. I think I’m depressed,” because I didn’t want anyone to know.

(Conversation, May 7, 2012)

This story reveals how Charlotte's anxiety and depression had a direct impact upon her personal and academic life. Charlotte explained she was not "able to have meaningful relationships with other people" for a variety of reasons. Charlotte becomes stuck in a bind between sharing her real self and remaining silent. She needs to make connections with others in order to form relationships, but at the same time she fears doing so because of the perceived risk of being stigmatized and being rejected. Her anxiety further fuels this distance because Charlotte "felt they could not understand what I was going through." As a result, her anxiety further isolates her from others. After the first year of her business based program, Charlotte left for a concurrent education program. She revealed how anxiety and depression continued to be part of her experience:

I continued on with the behaviours of basically withdrawing and isolating myself to do well. I think that exacerbated being depressed, because it's like you're not investing that time to form meaningful relationships. But it caught up with me when I was in university. I did my first year with glowing recommendations, but by the time I got to my second year, the anxiety had become so debilitating that I remember sitting in on my first course, and when they hand you the syllabus it's like someone is pointing a gun at you and you're playing Russian roulette. It was like someone's spinning it, but for me I always knew the bullet was going to hit me. I felt like I was always going to get hit by this bullet. (Conversation, May 7, 2012)

As we follow along Charlotte's narrative, it becomes evident how the debilitation of Charlotte's mental health decline happened in layers, with events building upon each other. Charlotte shared how "not investing that time to form meaningful relationships"

was due to significant time on her own that was needed to do well in class. Yet, not forming relationships further increases her feelings of isolation. In turn, her depression continues to worsen. Charlotte reached the point when her “anxiety had become so debilitating” that she could not even cope with receiving a syllabus in her teacher education program. For students in general, receiving a course syllabus may very well create some healthy anxiety as they learn of the assignments, content to be covered, class procedures, and so on. However, Charlotte likened her experience to “playing Russian Roulette” in which she knew the bullet was going to hit her. In this game of Russian roulette, the syllabus represented the “bullet” that was going to end her academic career. The effect appears as traumatically debilitating.

Charlotte also described how her experience in her final teacher education year brought forward a new cause of anxiety for her:

When I got to teacher education, though, and I had to actually go out and teach, I realized, for me it’s one thing to read a book and to get the theory and to write a paper, and to deal with that anxiety in a very intimate, personal level. And then it is to [be in front of] 30 students, your teacher associate who is in the classroom with you, and your three cohort leaders, who then come in and assess you. It’s like that Foucault’s Panopticon<sup>2</sup>. You’re always being watched. You’re always being watched. You’re being evaluated. You’re being critiqued. For me, I don’t want to say it was provoking of paranoia, but it was sort of like, they’re going to see me. They’re going to see how inept I am. They’re going to see I’m a failure.

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<sup>2</sup> The Panopticon is a prison system designed by Jeremy Betham. The Panopticon featured a central location in which a guard could view the entire prison. The purpose was to encourage self-discipline of the prisoners because they could not know when they were being watched. Foucault likened the Panopticon to the modern disciplinary society.

They're constantly looking for me and telling me what my flaws are. And true, to a certain extent they are. I get that they were doing it to help me. (Conversation, May 7, 2012)

This part of Charlotte's story demonstrates how mental health issues directly impacted her personal relationships and interactions with others in the place of her teaching practicum, as well as her sense of belonging. The anxiety she experiences was enacted "in a very intimate, personal level" because she was working directly with others. In the place of her teaching practicum, Charlotte is thrust into the center stage of the classroom. This differed greatly from the place of her undergraduate courses where interactions with others were minimal and she worked in isolation. She likened her experience to "Foucault's Panopticon" in which she was always being watched by her students and those who evaluated her. Charlotte struggles with relationships with others in the place of teacher education. This struggle is greatly influenced by her anxieties which led her to worry and distort her relationships with others. In Charlotte's narrative, although she struggles, she is still meeting the requirements of the program at a satisfactory level. Charlotte, however, focuses on her fears that others might discover she is inept. Therefore, even though Charlotte understands her teacher associates were "doing it to help" when they gave feedback, she resorts to feelings of inferiority. Charlotte feels she does not belong because she was a failure. In turn, she worries that because all eyes were on her that others will learn that she is a failure.

Charlotte acknowledged how during teacher education, in both the university and school practicum settings, she often felt isolated and like a failure:



I worked like a dog...I think seeing everyone else go above and beyond what they were supposed to do made me feel like even more of a failure, because I was struggling to hit baseline. It felt like I was getting kicked in the teeth all the time because it was like, I'm getting up, and I'm getting at the school to be here at 7:00 in the morning, or 6:45. The janitors would kick me out at the end of the day, at 8:30 or 9:00. Then I'd go home or I'd go to Starbucks and get a coffee and work until they kicked me out, and then maybe I'd go home and go to sleep. If I was lucky, I'd sleep for 5 hours, and I'd do it all again. I was doing that just to do the bare minimum. ... And then reality set in later on, and it was like, oh no, most people go to the pub every Thursday or Friday night, or some people go every night, but I never had time to do that. ...It was like after just struggling to do that, it was kind of like, "Well, you're performing satisfactorily. You should get involved. You should maybe start a club. You should maybe volunteer for this sport, or this art event, or why don't you come up with something on your own and change the dynamic of the school." (Conversation, May 7, 2012)

In the social places of teacher education, and the official practicum, Charlotte is disconnected from others as she is unable to build the meaningful relationships that are required for a sense of belonging. Thus, an examination of place is fitting for Charlotte's narrative because it highlights the importance of a sense of belonging to a teacher candidate's experience. She appears to return to the state of isolation and anxiety she experienced in her business based program and undergraduate program. In this state, she feels isolated from others because she struggles with relationships and, instead, spends a great deal of time preparing teaching lessons. In comparing herself to others, Charlotte

feels “like even more of a failure.” This is because she sees “everyone else go above and beyond what they were supposed to do” while she was “struggling to hit baseline.”

Charlotte has already perceived that this was a place that she did not belong, which further tempers her anxiety. In all the places she inhabits Charlotte demonstrates a discomfort with her place, her sense of belonging. Charlotte’s narrative describes disconnections from places, and uncertainty of how to do things as accepted. Again, we experience Charlotte’s difficult navigation to belong to a community.

Exploring the dimension of place in Charlotte’s story demonstrates how navigating a new place can be overwhelming because it requires learning the nuances, unwritten rules, expectations, and more. In the case of Charlotte, it meant learning what was expected of teacher candidates. Being part of the community required Charlotte to be involved in the school community (e.g., clubs, coaching, and events) and form relationships with others. However, Charlotte felt defeated because she does not have the time. As a teacher candidate, Charlotte never entered the various places of leisure and entertainment, such as the pub, that her peers did. It seems that Charlotte does not feel a sense of belonging due to her lack of relationships, non-involvement in social events, and time spent working alone. She does not feel part of the place of teacher education, both socially and academically. In addition, being part of the place of teacher education is also being part of the community of people who inhabit it. Charlotte’s teaching practicum includes her students, teacher associate, cohort leaders, and other teacher candidates to name a few. During her practicum, Charlotte compares herself to the other teacher candidates and comes to the conclusion that she would always seem like a failure because they were able to “go above and beyond what they were supposed to do.” Therefore, in

the place of her teaching practicum Charlotte characterizes herself as the failure amongst high achieving peers.

An exploration of place in Charlotte's narrative brings to the forefront the connection between the teacher candidate-teacher associate relationship and teacher candidate's sense of belonging. In Charlotte's narrative, we see her sense of belonging in teacher education further erode as she learns teaching is not conducive to her mental health, and feels that she is unable to "change the dynamic of the school." When her teacher associate tells Charlotte, "Well, you're performing satisfactorily. You should get involved. You should maybe start a club," she felt defeated. This interaction leaves Charlotte with a sense of failure, of which her teacher associate was likely unaware. Charlotte does not inform her teacher associate about the time she had spent outside of the practicum preparing, nor does she reveal the struggles that kept her from being involved in the school community. As a result, Charlotte takes this interaction as proof she is a failure for not meeting the teacher associate's expectations.

Charlotte was unable to keep up anymore and experiencing difficulty with her teacher associate; she describes her mental breakdown:

I remember having a breakdown. The kids had left. My lesson, I thought, was abysmal because the kids didn't get it. ...She [associate teacher] goes, "Are you okay?" and I just burst into tears. I was so stressed out, and I apologized and said, "I'm sorry. I'm really embarrassed, but I'm really struggling with this." My mistake was that I said, "I don't see myself being a teacher." ...What I think was heard was, "You don't want to teach?" And her response was, "Well, then, why are you here?" It was kind of like, "Well, no, no, no. I wanted to teach. I don't

think I can. I need support.” Basically, what I wasn’t saying was, “I need support to get myself to this level where I can feel comfortable doing this, and you’re not giving it to me,” and not being able to say that in a way that solicited that help. How do you ask someone? ... So I think when I admitted to her, “I don’t see myself teaching,” what [she interpreted] was, “I don’t see myself being able to ever have free time in my life.” I think because I was a little bit older and I had given up almost a decade of being a serious student, that it was like I can’t maintain this. Like it’s a treadmill, and it’s on full speed, and I have no more glycogen stores to keep running, and it’s like I’m done. I’m done. ... I felt even more stigmatized, having had that breakdown. My kids didn’t see it, but my associate did, and I was marked. I was marked, permanently, in red ink. It’s like literally red ink is blood, and it was like a big X, like fail. (Conversation, May 7, 2012)

When exploring the dimension of place in Charlotte’s story, the need for a sense of belonging is evident. In this place, her teaching practicum, Charlotte feels she was “marked” because of her inability to articulate her thoughts to her associate teacher about her mental breakdown. Charlotte feels she would forever be seen by her teacher associate as a failing teacher because she disclosed her vulnerabilities and emotions. Yet, in this moment, Charlotte also marks herself as a failure and shapes this identity around the response of her teacher associate. Charlotte assumes she will never belong in the teaching community. This further exacerbates her feelings of isolation and of not belonging. Charlotte is left unable to fully explain what and how she truly feels and means, and too ill to grapple with how to reconcile the situation. By saying she “did not see herself as a

teacher” Charlotte was trying to explain how teaching in a school was not something she would be able to do on a full-time basis.

After the confrontation, Charlotte continues to work as she had and feels shamed because of her mental breakdown. Meanwhile, her teacher associate does not extend her support to Charlotte or attempt to discuss the difficulties she was having. Charlotte and the teacher associate each continue on their own paths without working together to improve this situation. Charlotte represented her breakdown with the metaphor of a treadmill in which she had “no more glycogen stores to keep running.” She was in her greatest time of need, and feels isolated after her breakdown. In this case, Charlotte and her associate teacher were unaware of each other’s needs. Charlotte is unable to articulate her needs to her associate teacher and as a result feels isolated and uncared for. Noddings (1984) argued that ethical decision making in education should be rooted in care. This care would have been essential in bringing a positive result from Charlotte’s breakdown. Exploring the dimension of place highlights how a sense of belonging in the teaching practicum requires both the teacher candidate and teacher associate to be willing to enter into a supportive and caring and cared-for relationship (Noddings, 1984).

Charlotte shared that she carried a sense of shame and the belief that she could not be a teacher into her second teaching practicum. In this practicum she was working with a different teacher associate in another school. Again, focusing her efforts on meeting the teaching requirement of the practicum, she was unable to be involved in the school community. She shared how this led her second teacher associate to question her:

He’s like, “What’s your deal?” and basically the point was getting at me about why I wasn’t doing so much. I was caught off-guard and I was sort of like,

“Excuse me?” He goes, “Well, some people are single parents. Some people have physical illness. Some people have this. Some people have that. What’s your deal?”...Why aren’t you doing what you should? I think I immediately went white. It was like I had seen a ghost, and it was like great, here I am a Catholic and I’m here to confess my sins. And it just came out like verbal diarrhea. Okay, I have anxiety issues. I have this. I have that. Here is my diagnosis, like this is what’s wrong with me. ...And he just sort of looked at me and was like, “Oh, okay.” And that was the end of that conversation. I felt very awkward, very vulnerable, very much under attack in that moment, because it was reaffirming the dialogue I had with myself, as “You don’t belong here. What are you doing? Why are you here?”...The weird thing was that all of a sudden he was more supportive. ...All of a sudden he found out something was wrong with me, why I wasn’t doing everything I should be doing, and he took it upon himself to support me... As defeating as it was, it was also very empowering to the extent where I felt like someone had my back, in the school, in the classroom. (Conversation, May 7, 2012)

The second associate teacher’s initial question of “what’s your deal?” while at first panic inducing for Charlotte becomes a positive event in her teacher education. In this place of her second teaching practicum Charlotte feels a sense of relief that “someone had my back, in the school, in the classroom” which leads her to feel less alone. This creates a place in his classroom where Charlotte can seek help and learn. In addition, he supports her learning style, allowing her to feel safe, and create a sense of belonging. Charlotte’s teaching practicum classroom becomes more than the four walls; it is the second

associate teacher's attentiveness to Charlotte's tension, and ultimately a sense of belonging he creates for Charlotte. In turn, after having her needs addressed she becomes more empowered. This is essential to Charlotte's mental health and sense of worth. She feels supported and valued by her second associate teacher. As a result, this increases her confidence and sense of self as a beginning teacher. Thus, exploring the dimension of place highlights how a sense of belonging in the teaching practicum requires both the teacher candidate and teacher associate to be in a professional relationship that is based on caring and cared-for interaction. Charlotte entered this second practicum with the assumption she needed to remain silent about her struggles and continued to withdraw. When she is questioned by her second teacher associate, she is able to open up and take the risk to be cared-for (Noddings, 1984) in order to belong in the community. Her second teacher associate takes action to care for Charlotte's place on the teaching landscape and to guide and help her feel a sense of belonging.

Exploring the dimension of place in Charlotte's narrative demonstrates that a sense of belonging can be integral to a teacher candidate's well-being and experience in teacher education. This inquiry has also shown that places are complex and there are many factors that foster success, well-being, and learning. Simply put, places are more than concrete locations. This understanding of place is integral to Charlotte's ability to make choices that respect her individuality and promote her well-being. This moves Charlotte from feeling like a failure or "less than" her peers, to a position of understanding and respecting herself.

In this inquiry, an understanding of the relationship between place and a sense of belonging has been further developed. Through Charlotte's narrative, we see how some

*places* can exacerbate mental health issues (e.g., a mental breakdown) and lead to a sense of exclusion by both the teacher candidate herself and the conditions or relations she is involved in. Yet, it is also evident how a place can offer support and promote success. In addition, a sense of belonging can be shaped by the individual's feelings about his/her role within and ability to succeed in that place. Also, the place itself can have factors, such as people, that support individuals or not. Charlotte's narrative encourages critical dialogues about the places teacher candidates inhabit, their perceptions of these places, and how they respond to the expectations of these places.

### **Caitlin—Complexity of Narratives about Mental Health**

In my personal reflections and conversations with the participants for this narrative inquiry, I described alongside them the impact of depression on my life as a student, teacher candidate, part-time instructor, and teaching assistant. The following personal reflection summarized my experiences with depression:

I can't quite put a time stamp on when my mental health issue began. It was something that I refused to speak about for so long and I actively worked to hide and suppress it. I first tried to "get well" in my undergraduate years of the Concurrent Education program through the use of medication. It was prescribed by my family doctor to treat what he diagnosed as depression. Even though at times the medication was helpful, I couldn't help but feel that there were underlying issues that couldn't be solved with a pill.

I was diagnosed again with depression the spring before entering the teacher education program. I was afraid that if I didn't seek help, I wouldn't make it through the year. I come from a working class family that saw psychological



help as unnecessary. I was told it was a private issue and one you must just endure. "Our family is all a little crazy," I was told. In a family where there were often struggles to pay the bills and buy groceries, the thought of spending \$150 an hour on a psychologist was considered ridiculous. It was a luxury for people with money and who were too weak to work through it. I was told that these were silly ideas I learned at the university and didn't reflect the hard work and reality of life.

Thus, through the first 3 years of my undergraduate education, I tried to handle my issues the best I could on my own. It was a difficult struggle that was not very successful. By the time I entered the fourth year of my studies in the Concurrent Education program, my boyfriend at the time strongly encouraged me to seek therapy. His parents, both doctors and strong opponents of treating mental health issues with medication, further encouraged the choice of seeking the assistance of a psychologist. I finally sought the help of a psychologist to explore my issues and improve my mental health. It was a process that was painful and terrifying at times, as I was forced to speak and think about my past, my suffering, and thoughts that I had tried so hard to suppress. I was used to being teased for being the overly sensitive girl with the bleeding heart and I had learned to close these feelings off. But on the car ride home from my first therapy session, I cried tears of joy; I was so relieved to share my story, and to be encouraged not to feel ashamed and scared. It was through pain that I first saw a glimmer of relief.

That summer was a healing process, but I still had more work to do. I felt a little more prepared emotionally, but beginning the fifth year of my concurrent education program was terrifying. For the first week I cried every morning and

every night. I felt a deep sickness during every conversation I had. I felt as if everyone was far more capable, smart, enthusiastic, and fun to be around than me. After the first week, I felt I had to make a change. I did not attend my appointment with my psychologist and left a long phone message explaining that I was better, that there was no need to worry, and that I wouldn't be attending anymore. I stopped my medication, cold turkey. This ended up being a terrible mistake because, by Monday morning, I could not leave my bed. My body convulsed, my brain felt like it was being electrocuted, and sweat poured down my body. I missed class and crawled deeper under the covers, never wanting to awaken. When I returned to class, I made a conscious effort to learn from others about what “real” teacher candidates should be like. I reviewed the evaluation criteria for our teaching blocks. I could do that. These were the things I would be and no one needed to know about my mental health. I opened the box where I hid my secrets and fears, and locked my experiences with depression deep inside.

(Personal reflection, January 26, 2012)

Writing this storied narrative has required me to open the “box where I hid my secrets and fears, and locked my experiences with depression deep inside.” What quickly became evident was that my secrets and fears were conflicted, confusing, and shaped the story I told about experiencing depression as a teacher candidate and beginning teacher. In the next section, I will present my storied narrative collected from personal reflections. The analysis was also informed by my discussions with participants and letter correspondence. The theme that emerges from my narrative above is the complexity of telling a story about depression. This theme emerged through an examination of the

commonplaces of temporality, sociality, and place simultaneously. Examining the commonplaces simultaneously brings to the forefront how the passage of time (temporality), personal and social conditions (sociality), and location (place) shape the story one tells about experiencing mental health issues. From the beginning of this inquiry, the complexity of telling my story of being a teacher candidate and experiencing mental health issues was evident. This complexity was evident in the many questions I had for myself as to what to leave out, what to include, the meaning I attributed to my experiences, and whether I was even ready to share my story. Many of these insecurities arose because of my understanding that, once I told these stories, they would be known by others. In my personal reflection I wrote:

Now, at the age of 25, I find myself opening up a part of me that I have locked away in order to confront my fears and explore my experiences as a teacher candidate with a mental health issue. It is a process that requires a change not only in how I see myself, but also how my close family, friends, and colleagues see me. I attended my university not only because of the prestige of the Faculty of Education, but also because it was not financially feasible to move away from home. Having never left my neighbourhood, I kept the same close relationships from my childhood and adolescence. I continued to stay close to my family. Through my experience at university, I was very fortunate to be actively involved in a variety of roles, from Research Assistant, Teaching Assistant, Program Coordinator at a literacy centre, and now teacher education instructor. Through these experiences, I was blessed to have deeply influential mentors who encouraged me to pursue graduate studies and teaching. In deciding to pursue a

narrative inquiry into my experiences of depression, I realized that I would not only be sharing my experiences with those who knew me, but publically in a thesis. For the first time, I revealed to these friends, family members, colleagues, and mentors that I had experienced and still experience depression. Some were shocked, some were supportive, and some strongly discouraged this thesis topic. One friend remarked, “No one will hire you as a teacher if they know this.” Most people, however, encouraged this path because it was a story that needed to be told. In reviewing the literature for my proposal, I knew this was true. The more I read, the more I learned that people with mental health issues have generally been denied the opportunity to tell their story. I now have this opportunity through this narrative inquiry study. But, how do I muster the courage to write about my story in this thesis? (Personal reflection, January 26, 2012)

Examining the commonplace of sociality in this narrative reveals the complexity of my decision to tell my story. My narrative reveals the complex interaction between my social conditions and personal conditions that shaped my decision. Because of fear and an unwillingness to let others know I had experienced mental health challenges as a teacher candidate, I kept my story to myself. Sharing my personal story in this inquiry was a great challenge because for the most part, none of the people close to me knew I had experienced depression. This demonstrates the influence of temporality and place because in this setting, I had an established identity that did not include someone who experienced depression. Furthermore, a complex interplay between my personal conditions and social conditions takes place. My own fears, self-stigmatization, and wish to protect myself from perceived threats pull me away, at times, from this topic. In telling this story, I begin

with an explanation of how I had stayed close to family, had kept the same group of close friends and had been involved in the community. In the initial writing of this story, I was consumed with a sense of fear, but with no explicit reason why. Yet, exploring the three commonplaces helps bring meaning and a deeper understanding of the reasons why.

Stigmatization of mental health issues was evident to me in the discussions I heard in teacher education. Specifically, I witnessed the stigmatization of people with mental health issues:

In one of my teacher education courses, the instructor was reading a children's picture book. She was modeling how to read books to students, as well as teaching various language arts expectations. The illustrations were dark and appeared to portray a post-apocalyptic world. The story was told from the perspective of a young boy looking for his parents, who were nowhere to be found. He was being hounded by wolf-like creatures. The instructor asked the class what they thought was happening in the story. After a few answers, her interpretation was that the boy had schizophrenia and perhaps felt alone because he murdered his parents. While she used what she felt were clues in the story to support this interpretation, I was left speechless. After proving her interpretation, the instructor closed the book, and we moved to the next part of the lesson. I remember one of my friends in the class looking over at me in shock and mouthing, "Really?" For the rest of that lesson, I sat there and stewed in my feelings of anger, shock, and frustration. By the end of the lesson, I felt as if I was going to explode with frustration of wanting to say something. It's not that I wanted to question her analysis—maybe she was right and that was what the story

the author intended. However, I wanted to question this story of someone with schizophrenia. I wanted a critical discussion, which included an analysis of the stereotype of the violent schizophrenic. I just couldn't come to terms with having all the teacher candidates leaving the class with that story. It hurt to hear such a negative story about mental health issues when I was struggling with my own depression. I wondered if anyone else in the class was experiencing a mental health issue and felt that too. Did the instructor think of this? Would it have mattered? It further supported my belief that people with mental health issues were stigmatized, and I had to remain silent about my own. (Personal reflection, June 10, 2011)

Exploring the dimension of place in my story demonstrates how a single event caused me to withdraw from the place of teacher education. As a teacher candidate, I thought, "It hurt to hear such a negative story about mental health issues when I was struggling with my own depression." I withdrew into a feeling of being isolated because it, "further supported my belief that people with mental health issues were stigmatized, and I had to remain silent about my own." Being attuned to sociality allows for a deeper understanding of my fears and inability to "come to terms with having all the teacher candidates leaving the class with that story." I saw the message given by the instructor as stigmatizing. I worry about students leaving with that message because it was given by an authority figure. In turn, I felt concern that this would spread the stigma and stereotypical views of people with mental health issues. Therefore, the issue for me is not just that the story was being told, but that it was coming from the privileged position of instructor. For

the rest of my teacher education year, I did not share my story of depression. It was not until my Master of Education program that I considered speaking about this experience:

Upon feeling empowered and wanting to make a difference about the stigmatization of mental health issues, I applied to volunteer for a national mental health organization. I was inspired by reading memoirs and by the courses I was taking in critical pedagogy. When I arrived for a meeting with the coordinator, she explained the various opportunities for volunteers. The coordinator thought that I would be great at making presentations to schools because I was a certified teacher. When she asked about why I was volunteering, I became a little uncomfortable and unsure if I should be honest about my own experiences. Keeping in mind that I didn't need to be ashamed, I explained that I had experienced depression. The volunteer coordinator was thrilled—I would be great for talking to students! I was an authority figure for them who could offer an important story. She continued telling me I could get together with the other speakers who tell their stories of recovery, and they would help me write my story. I sat in silence as she said I would be a great role model for students because I was doing well in life. She probed about whether I was taking medication or seeing a psychologist and how I got help, which were other things to share with students. After answering her questions and saying goodbye, I sat in my car, defeated. At that time, I did not know why. Part of it was the worry of telling people that I was a teacher with depression. Would that mean less job opportunities? Would I be discredited? How honest could I be? Are these worries justified or all in my head? But there was a sickening feeling deep inside me that

was something else. This wasn't right for me. I thought back to the negative stories I had been told about people with mental health issues. In addition, I thought of the story told in my teacher education course about the violent schizophrenic boy. Could my story counteract that? I didn't think so. This isn't what I should be doing. I didn't know why then, but I walked away from volunteering. At that time and for about a year after, I could not shake the feeling of defeat. I returned to the negative stories that had been told and shaped my misunderstandings – volunteering had been a chance to change that and I had walked away! I felt ashamed for giving up. I felt so angry at myself for not being able to understand myself and the constant confusion about this event. As time passed, I began to find meaning and reason in the emotions I felt. This required a great deal of reflection, reading memoirs, and learning how to bring meaning to my experiences. On the one hand, I was not ready to do it. I was not prepared to link my professional teacher identity with that of a person who had depression. Also, I feel a discomfort in the message that I would have sent. At that time, I was unsure of my story and my message. As I see that with more clarity now, I see the importance of understanding that. If I had gone through with that volunteer position, I would have likely relied on others to write my story. I would have looked to them for guidance and the right message to send. Now I understand that the choice I made to walk away was not wrong. In fact, it was the right thing to do at the time. Perhaps, now would be a better time as I am more able to tell my own story with confidence. (Personal reflection, September 21, 2012)



When examining this event along my temporal storied experience, it is evident that there is great complexity in telling a story about experiencing depression during teacher education. In writing this thesis, I am telling my own personal story of when I was a teacher candidate who was experiencing depression. This is the exact experience I walked away from several years ago when volunteering. In the 2 years since that event, I have begun to better understand my fears, self-stigmatization, and perceived threats of identifying as a teacher with mental health issues. Sociality as well as temporality are at play in my narrative because my own personal fears cause me to withdraw from a forum that would showcase my experiences and in turn help others. Despite these events being two years apart, it is more than the passage of time that allows for my own willingness to tell my story. At the time of the volunteer position, I believe, "I wasn't prepared to link my professional teacher identity with that of a person who had depression." I was not prepared and thus cannot understand why I was so uncomfortable with the prospect of sharing my story. In deciding not to tell my story for the volunteering position, "I could not shake the feeling of defeat." This defeat stems from the shame of giving up and the confusion about why I could not do it. Again, deficit thinking is evident as I focus on myself as a failure rather than examining how things could be changed. However, this story illustrates that it is more than a case of *time heals all wounds*. Rather, it was the result of "A great deal of reflection, reading memoirs and learning how to bring meaning to my experiences." It is with this knowledge, my storied reflection, the retelling of my story, and my increased confidence that I am able to narrate my own experiences and bring my own meaning to them in order to relive a new narrative way of understanding (Connelly & Clandinin, 2006). As noted in the story above, "If I had gone through with

that volunteer position, I would have likely relied on others to write my story.” Up until that time, the stories I had been told were stigmatizing and based on stereotypes. I would not have known to narrate my story outside of these prevailing and dominant deficit storied experiences.

In choosing to write this thesis, I began to bring new meaning to past experiences with depression. This breathes hope and life into my future, which is no longer limited by shame. While I am able to approach telling my story now, this was not possible in the teacher education program. During teacher education, I still felt the distinct need to hide my depression. This silence was shaped by my own personal fears and shame. Thus, I have moved from limiting my identity as a teacher and someone who has depression, to a place of acceptance and bringing meaning to my experiences. When I juxtapose the person I was the day I turned down the volunteer position to the person I am today as I write this thesis, it is evident that I have become more empowered, informed, and accepting of my experiences with mental health issues. My narrative above has demonstrated that exploring stories of mental health issues would not be complete without a consideration of the three dimensional commonplaces—temporality, sociality, and place.

### **Summary**

My storied narrative illustrates that we must move past what is obvious. I had to move from a position of blame and confusion regarding my depression, to a position of greater introspection and reflection by reliving a new narrative. It required moving back and forth through time, and peeling back the layers of experience to understand why I felt shamed by my depression and chose to silence my story. To return to my heart of palm

metaphor, I was breaking through the layers of stigma and fear to reach the heart of my story and experience. This required moving past the superficial and towards the issues that lie beneath and have developed over time. It involved moving from *what* I did to avoid telling my story, to an exploration of *why* I did not tell my story, and *how* I retell it now. Through this process, I continue to develop a meaningful future through the retelling and reliving of my stories (Clandinin & Connelly, 1990). Through such retelling and reliving, “individual’s life stories as well as social, institutional, and cultural stories can be shifted, interrupted, and perhaps disrupted into narratives with more socially just plot-lines” (Clandinin & Connelly, 2006, p. 104). I aim to challenge stigmatization and discrimination of the mental health issues, which will, in turn, have social justice implications for my own teaching practices. This includes a willingness to continue sharing my story and finding opportunities to be part of movements and organizations that work to bring awareness and hope to end stigmatization.

In chapter 5, I discuss the findings and provide recommendations for teacher education programs and teacher professional development. I also explore the contribution of my findings to the current Canadian mental health landscape.

## CHAPTER FIVE: SUMMARY OF FINDINGS

When I began this thesis journey, I described my experiences with the metaphor of a heart of palm; I chose this metaphor because “Getting down to my experiences, especially those buried deep in the encasement of fear, shame, and stigma, has been labour-intensive” as I worked towards a “deeper understanding of who I am as a teacher and how my experiences as a teacher with mental illness have influenced me” (Personal reflection, June 26, 2011). As I came towards the end of writing this thesis, I realized that a new way of conceptualizing my experience was needed that reflected the hope, joy, and understanding that I developed from telling and retelling my stories alongside my participants. The metaphor of the heart of palm reflected a very individual experience, but I needed something to reflect the meaning that developed alongside others. A new metaphor came to me when reading Dostoyevsky’s (1880/1970) *The Brothers Karamazov*. Ivan, one of the characters, shares:

There is still an awful lot of centripetal force on our planet, Alyosha. I want to live, and I do live, even if it be against logic. Though I do not believe in the order of things, still the sticky little leaves that come out in the spring are dear to me, the blue sky is dear to me, some people are dear to me, whom one loves sometimes, would you believe it, without even knowing why; some human deeds are dear to me, which one has perhaps long ceased believing in, but still honors with one’s heart, out of old habit. (p. 471)

Even though Ivan finds the world to be hopeless and meaningless, he loves the “sticky little leaves.” Despite what is happening in the world, these leaves continue to grow every spring. This encouraged Ivan to continue living and have a meaningful life. The sticky

leaves show that there is always rebirth, growth, and new life. This led me to ponder what my sticky little leaves were. What keeps me going in times of depression and hurt? What keeps me going when I become overwhelmed by stigmatization and the work to be done to improve the world for people with mental health issues?

My “sticky little leaves” represent the re-living of my participants and me, and the meaning we developed together. Living alongside them in this inquiry has demonstrated that I am not alone. Their stories remind me that I should not feel ashamed of experiencing mental health issues. In hearing their stories, and having a safe place to tell mine, I was able to feel comfortable with who I am. I feel hopeful and inspired to continue the work that began with this thesis. By keeping this in my mind, and the care I feel for my participants in my heart, I continue to find “sticky little leaves” everywhere. I see it in the current media campaigns, the stories being told, and the increased conversation about mental health taking place in Canada. My participants’ stories offer a perspective about teaching and learning. When times get tough or I feel overwhelmed, I just return to my memories of living alongside them—and again I am inspired. (Personal reflection, December 1, 2012)

Examining both my “heart of palm” and “sticky little leaves” metaphors reminds me that engaging in narrative inquiry sends the participants on a journey. Narrative inquiry has moved me from my own personal lived experience to the perspective of other teacher candidates and beginning teachers with mental health issues. It has also allowed the participants to place their experience alongside that of another beginning teacher who has experienced mental health issues. As a researcher, this has allowed me to understand

deeply the topic of mental health issues and teacher education. This understanding developed through an exploration of the narratives shared by the participants. These narratives included those which are often hidden or silenced by stigmatization. This narrative inquiry has encouraged reflection on the topic of mental health and teaching, and attempted to unravel these tensions. The important question now becomes, “What comes next?” What comes next “depends not just on the story as artifice but in what the listener does with its offerings” (Britzman & Dipbo, 2010, p. 34). The participants and I continue with our living, and hopefully make the most of what has been offered with this journey through inquiring into our lived experiences. In addition, my question now for you, the reader, becomes, “What will you do with what has been offered in our stories?” It is my hope that as we all move forward we continue to find those sticky little leaves that make us “feel hopeful and inspired to continue the work that began with this thesis.”

### **Purpose of the Research**

This research contributes to the literature by exploring the experiences and identities of teacher candidates and beginning teachers who have experienced mental health issues. My purpose was to explore my three research questions: (a) what stories do the teacher candidates (myself included) tell about being in a teacher education program while experiencing mental health issues; (b) how do we describe our identities as developing teachers who have experienced mental health issues; and (c) how can these narratives challenge stereotyping and stigmatization and thereby contribute to teacher education programs?

This narrative inquiry has given me a place to share the everyday narratives of becoming a teacher and experiencing mental health issues that are important to consider.

Having an opportunity to do this is pertinent because many of the stories available about people with mental health issues are grand narratives of poverty, homelessness, crime, and violence (Kirkpatrick, 2008; Wahl, 2002). Storytelling is considered a part of being human and of making meaning—a way of thinking that is integral to humanity (Beattie, 2009; Clandinin & Connelly, 2000). Since many people understand their lives as stories, it is my belief that the *small* rather than *grand* every day narratives of teacher candidates and mental health presented here will not only engage scholars, but also administrators, teachers, teacher educators, students, and the general public to the complexities of this topic in teacher education.

The small lived-out narratives can be helpful on a national scale. In Canada, one in five will experience mental health issues (Mental Health Commission of Canada, 2012a), but only one in three will seek help (CBC News, 2012). It is therefore essential that Canadians engage in a conversation about mental health issues and create a climate supportive of seeking help. An alternative argument was put forth by Dr. William Menninger who argued that “Mental health problems do not affect three or four out of every five persons but one out of one” (as cited in Holtz, 2013, p. 385). This suggests that at some point in our lives, we are likely to interact with someone—be it a colleague, friend, or relative—who is experiencing a mental health issue, which makes studying this issue even more critical. The remainder of this chapter will examine the importance and implications of this research in the context of the current Canadian mental health landscape. Furthermore, this chapter will explore the implications of this research for the teaching profession and teacher education.

### **Summary of the Findings**

Four themes emerged from this study: the stigmatization and silencing of mental health issues; dealing with conflict; the need for a safe and supportive environment; and the complexity of mental health issues. These themes emerged through analysis of stories using the three dimensional commonplaces—temporality, sociality, and place—outlined by Connelly and Clandinin (2006), who described the commonplaces as “the temporal unfolding of people, places, and things within the inquiry; the personal and social aspects of inquirer’s and participants’ lives; and the places in the inquiry” (p. 483). The three dimensional commonplaces served as my theoretical framework (and guidance for analysis) from the narratives that were collected from in-person conversations and correspondence.

A sampling of these narratives shows the diversity of mental health issues. A temporal analysis of Amelia’s narrative demonstrated the development of stigma over time. Her past experiences and the meaning she gathered from them had a direct impact on her identity as a teacher and her teaching prospects. Exploring the social dimension of Brianne’s narrative demonstrated the necessity to effectively deal with conflict that emerges in teacher education. Conflict that is ineffectively handled can exacerbate mental health issues and diminish the opportunity for a supportive teacher candidate–teacher associate relationship. An examination of place in Charlotte’s narrative revealed the importance of a sense of belonging in teacher education. This highlights how a place is complex and shaped by many factors including the people who inhabit it, their willingness to be part of the place, and the relationships that they form. In my narrative, I explored place, temporality, and sociality simultaneously. This revealed the complexity



of telling a story about depression. Examining the commonplaces simultaneously brought to the forefront how the passage of time (temporality), personal and social conditions (sociality), and location (place) shape the story one tells about experiencing mental health issues.

### **Amelia—Stigmatization of Teachers With Mental Health Issues**

The theme that emerged from Amelia's narrative was the stigmatization of teachers with mental health issues and the silencing that occurs as a result. This theme emerged through an exploration of the temporal dimension, which demonstrated that stigma develops over time and can be based on past experiences. While stigmatization was the focus of Amelia's narrative, it also deeply impacted Brianne, Charlotte, and me as well. Being attuned to the temporal commonplaces emphasizes how all people and events have a past, present, and future. Specifically, Amelia revealed how witnessing the stigmatization of teachers with mental health issues caused her to fear sharing her own experiences of depression. Amelia's fear of her first-grade teacher who had a mental breakdown later manifested in her own teaching career as a fear of others knowing she had mental health issues. Thus, exploring temporality and mental health issues reveals the necessity of challenging stigmatization and exploring mental health issues at a young age. Amelia's narrative demonstrates that students must be equipped with the skills and knowledge to dispel myths and stereotypes of people with mental health issues. Furthermore, an analysis of the media and society's stigmatization is needed as it has real impact upon lived experience.

### **Brianne—Necessity to Deal with Conflict**

The theme that emerged from Brianne's narratives is the necessity to effectively deal with conflict that emerges in teacher education. Brianne shared stories of conflict with her teacher associate and how this profoundly impacted her. Brianne was unable to negotiate this conflict, which in turn exacerbated the mental health issues she was already experiencing. Brianne, like the other participants, chose to hide her mental health issues and in one case, even disguised her need to take a break by using the flu as an excuse. However, Brianne shared how she has a better understanding of herself now and has skills in conflict management which allow her to navigate tensions as an occasional teacher without anxiety. Brianne's narrative demonstrates the need to provide students with the skills to cope with conflict and respond to their own mental health. This demonstrates how the skills needed to seek help, manage personal mental health, and identify personal behaviours are needed once leaving postsecondary school. In the context of teacher education, by preparing teacher candidates to manage issues of mental health, both their students' and their own, will better prepare them as beginning teachers. Brianne shared how these skills were ones later developed in her Master of Education course.

### **Charlotte—Importance of a Sense of Belonging in Teacher Education**

The theme that emerged from Charlotte's narrative is the importance of a sense of belonging in teacher education. This sense of belonging was established when Charlotte felt she was in a safe and supportive environment. Charlotte's narrative demonstrated how teacher education can exacerbate mental health issues (e.g., a mental breakdown) and how stigmatization of mental health issues can lead to a sense of exclusion.

Charlotte's story encourages us to consider how workplaces impact mental health issues and how support can be better provided. Having support can further promote a sense of belonging.

Charlotte's narrative encourages us to discuss how teacher education and teaching environments in general need to be places for support, promoting success for students experiencing mental health issues. Discussions of creating more supportive work environments that are more conducive to positive mental health are currently happening. However, a review of the resources available demonstrates more needs to be done.

### **Caitlin—Complexity of Telling a Story About Depression**

The theme that emerged from my narrative is the complexity of telling a story about depression. This complexity emerged through an examination of the commonplaces of temporality, sociality, and place simultaneously. The participants and I have explored the stigmatization and the impact this has had upon us. Beattie (2009) explain that "We all live by the stories we have inherited from our families, societies, and cultures, and those other stories that consciously or unconsciously, we have picked up along the way" (p. 4). As we navigated sharing our narratives, we had to fight our own self-stigmatization and fears of external stigmatization. Our narratives also demonstrated that the stories we tell and our willingness to tell them change over time. Personally, it was not until the final stages of this thesis that I shared my diagnosis of depression, when I was willing to challenge stigmatization and accept my lived experiences. I eventually understood over time that I did not have to mask my experiences or feel ashamed.

In reflecting on my preservice and teacher education program experiences, I understand there were multiple opportunities for me to explore my identity and how it

impacted my mental health issues. This took the form of courses that encouraged us to explore our teacher identities and experiences. However, at that time, I did not consider my depression and lacked the ability to make that connection. At this time, I was not ready to explore these issues. I was too encased in the stigma and fear that kept me silent about my experiences. Therefore, I believe my research has demonstrated that, in a safe environment, individuals who experience mental health issues can explore their experiences, apply new meaning, and transform their personal narratives of experience into a new reliving (Connelly, 2011). In a new reliving, the participants and I had to be willing to retell our stories. In retelling the stories we aim for deeper understanding, acceptance, and social justice. I believe this is an essential understanding when considering the current approach and campaigns of mental health issues. My personal narrative demonstrated that in order to share my story, I had to move from a position of blame and confusion regarding my depression to a position of greater introspection and reflection by reliving a new narrative. This involved an analysis of my own experience, why I avoided telling my story, and how I could retell it. I am still on this part of the journey. Connelly and Clandinin (2006) consider this to be the most difficult part because it constitutes how “individual’s life stories as well as social, institutional, and cultural stories can be shifted, interrupted, and perhaps disrupted into narratives with more socially just plot-lines” (p. 104). This study has demonstrated that challenging stigmatization is necessary in order to provide support, create safe environments, and offer opportunities for seeking help.

### **Situating the Findings in the Canadian Mental Health Landscape**

While this narrative inquiry has focused on teacher education, it can be seen in a professional context within the broad spectrum of settings in which individuals may experience mental health issues. More specifically, attention is being drawn to the lives of students and Canadians in the workplace who experience mental health issues. Specifically, the mental health of youth in the education system, in elementary, secondary, and postsecondary environments, is being discussed and proclaimed a crisis (CBC News, 2012; Kadison & Digeronimo, 2004; Lunau, 2012; Price, 2011). Issues of student mental health often surface in the news in times of great tragedy, such as the story of Amanda Todd, a 15-year old girl who committed suicide after a long battle with bullying and depression (The Canadian Press, 2012). Weber Bederman (2012) argued that while Amanda Todd's story requires an examination of bullying, we must not overlook that the people involved failed to address Amanda's mental health. For Weber Bederman, Amanda's case also teaches us important lessons about youth experiencing mental health crises that are not being supported or given proper help.

Partners for Mental Health (2012) explain that "Despite 1 in 5 youth needing mental health services, less than 25% actually receive them, instead many suffer in silence due to the shame, stigma and lack of care that exists" (para. 1). I see this reflected in Amelia's narrative when she was fearful of seeking help for her depression despite the direct impact of depression on her life. Furthermore, my literature review similarly identified that there is a significant population of students with mental health issues whose needs are not being met.

My participants shared the need for more support and understanding for teacher candidates experiencing mental health issues. I see this reflected in the concerns over post-secondary student mental health (Kadison & Digeronimo, 2004; Lunau, 2012). Universities are also scrambling to address a mental health crisis in light of student suicides (Lunau, 2012). Speaking of the suicides of six students at Cornell University in 2010, Windeler (2012) argues that these suicides were just “the tip of the iceberg, indicative of a much larger spectrum of mental health challenges faced by many on our campus and on campuses everywhere” (as cited in Lunau, 2012, para. 2).

In light of this crisis, what is being done to bring about positive change? Fortunately, the Canadian government also released *Changing Directions, Changing Lives: A Mental Health Strategy for Canada* (Mental Health Commission of Canada [MHCC], 2012a); “Drawing on the best available evidence and on input from thousands of people across Canada, *Changing Directions, Changing Lives* translates this vision into recommendations for action” (p. 8). The recommendations focus on promoting mental health for all ages and in all settings, providing treatment and support, eliminating discrimination, making access to support for everyone, working with the First Nations/Inuit/Métis and encourage collaboration. In addition MHCC’s (2012b) *Together We Spark Change* spoke to Canadians experiencing mental health issues and those who work with them to inform policy.

In addition, mental health stories and issues have gained increased coverage in Canadian media, research, and governmental policy. Take for instance award-winning journalist Jan Wong (2012) sharing her experiences with depression. Bell Canada’s (2013) *Bell Talks* media campaign saw famous Canadians, including Olympics athlete

Clara Hughes and sportscaster Michael Landsberg, sharing their stories of depression. Media specials such as CBC News (2012) *Mental Health 101—The Youth Crisis of Mental Illness* brought together experts and people with personal experience to discuss what needs to be done about the crisis. The importance of personal experience is mirrored in academic conferences (e.g., MHCC’s 2012 “Together Against Stigma: Changing How We See Mental Illness” conference) that encourage attendance and participation from those who have first-hand experience with mental health issues. This study adds to such participation.

When examining the current landscape of mental health in Canada, it is evident that this research is part of a growing understanding that personal stories and experience matter. No matter how small the story, it matters. As Clara Hughes (2012) explains, “It’s not about me. The only reason I’ve shared my story is to take that tiny baby step of breaking down the stigma attached to depression” (as cited in Christie, 2012, para. 5). I see my narrative inquiry as part of this breaking down of stigma because it engages in the larger discussion, it demonstrates it is acceptable to share experiences of mental health issues, and shows that personal experience is a valuable source of knowledge.

It is important to note that it is difficult to find coverage or discussion of teacher and teacher candidate mental health in the current campaigns and literature. In addition, there is a gap in the literature about mental health issues and teaching, to which this study contributes. In the participants’ stories and words, I recognize a call for social justice, an end to stigmatization and silence, and a need for the provision of services for teacher candidates and beginning teachers. Sharing narratives can be part of meeting these needs. Thus, I feel this study has come at an opportune time when more stories are being told

and more questions are being asked about the stigmatization of people with mental health issues. Canadians are being encouraged to and are participating in the sharing of experiences and stories about mental health in an effort to challenge the stigmatization that prevents discussion and hinders those who need to seek help. This marks an important change in the fight against stigmatization because those who experience mental health issues have traditionally been denied the opportunity to speak about their experiences. My study provides a valuable perspective on the teacher experience that appears to be missing in the current coverage.

### **Bringing the Teacher Experience Into the Conversation**

The narratives shared in this study highlight the complexity of sharing stories and in the teaching profession. The narratives shared reveal that there are various factors, such as conforming to the image of the ideal teacher, that are unique to the teaching profession and must be considered when sharing stories and working to challenge stigmatization. While there are a variety of campaigns that call for all Canadians to share stories of mental health issues, challenge stigmatization and seek help (e.g., Bell Talks, 2013; Partners for Mental Health, 2012), there is still a lack of coverage of the teaching profession. The stories being shared are important, but it is difficult to find resources that share stories of being a teacher candidate or beginning teacher who experiences mental health issues. Therefore, while these campaigns encourage seeking help, they are not contextualized in the complexities and needs of those in the teaching profession. Take for example Amelia's concerns that disclosure would lead to others seeing her as unreliable and unfit to be around children or Brianne's worries that disclosure would lead others to believe she would never be able to handle the stress and workload of being a teacher.



Unfortunately, there is a dearth of classroom resources available that focus on student mental health and not teacher mental health. Although some resources can be found, there appears to be a gap in terms of how to support teachers and teacher mental health, as well as how to promote school environments with a more positive mental health environment. This is alarming, especially when considering that 77% of local Elementary Teachers' Federation of Ontario presidents reported that mental stress was a major concern of their members (ETFO, 2012). Furthermore, the MHCC (2012) emphasized the need to address workplace psychological health and safety, especially considering that troubles related to mental health are the leading cause of disability in Canada. Despite increased interest in workplace mental health, there are no standards or methods for Canadian employers to follow for reducing risk of mental health issues or providing psychologically safe workplaces (Shain, 2009). There are resources available for employers, such as the Centre for Applied Research in Mental Health and Addiction's (2012) *Guarding Minds @ Work 2.0* and the MHCC's (2010) *Elements and Priorities for Working Toward a Psychologically Safer Workplace*; however, none are targeted towards the teaching profession. This needs to be addressed in order to help promote good mental health and supports that address the needs of teacher candidates and beginning teachers as teaching is the profession they are entering.

It is troublesome to find a lack of resources that will support teacher candidates and beginning teachers. The narratives in this study have provided a glimpse into what four teacher candidates experienced and felt they needed in the places they inhabited. Thus, I believe this study could be used to further inform policy by taking into consideration the necessity of lived experiences. The current policies and resources focus

on regulations and information but overlook the individual experience of people.

However, I am reminded of Brianne's statement that she knew there were resources to help her, but she did not access them. Therefore, understanding the lived experience of the participants can inform how policy does not always translate into practice because of the choices individuals make.

While there are resources available for teachers to lead their students in discussions of stigmatization and challenging it—such as the Sun Life Financial Chair in Adolescent Mental Health & TakingITGlobal's (2011) *TIGed Mental Health Thematic Classroom: A Guide for Educators*—it is difficult to find any for teacher educators. The narratives shared in this study reveal how discussing mental health issues can be very difficult for teacher candidates and beginning teachers. The participants and I did not share our stories until this study, despite having opportunities to do so. Therefore, this study could inform teacher educators and teacher education programs by highlighting that not all teacher candidates and beginning teachers may feel comfortable being part of these conversations. It brings into question how comfortable some teacher candidates and beginning teachers would be with engaging in these conversations in the classroom. This study confirms that the method of sharing stories, as is done in the previously mentioned campaigns and resources, is a way to empower and challenge stigmatization. Moreover, this study has demonstrated a narrative inquiry perspective on the act of sharing stories. The participants and I were empowered by the process of telling, retelling, and reliving. Thus, it was not just the act of sharing a story that allowed us to change and bring meaning. Rather, it required a critical analysis of these experiences and willingness to rewrite our personal stories in ways that were more just and empowering (Clandinin &

Connelly, 1990). Therefore, I believe this study could inform campaigns and resources of this complexity, and provide insight into how the act of sharing a story could be furthered through narrative inquiry methods. In other words, how we could move from the telling of stories, to the retelling, to a *narrative reformation* (Ciuffetelli Parker, 2012b). When critically reviewing these campaigns, I am reminded of the transformative power of narrative. This was something I witnessed with the participants as they shared stories that challenged the grand narrative of teacher education (Clandinin & Connelly, 2000).

Through *storying* one's life, there is a possibility to narrate a more hopeful and empowered future. The campaigns reviewed emphasize how the sharing of stories has the power to change the dominant story about mental health and bring to the forefront individual stories of experience. However, the review of campaigns also demonstrates to me that a deep contextual understanding of teacher candidates and beginning teachers is missing from this. The campaigns for mental health often speak in generalities, addressing stigmatization in general and encourage seeking help. However, if we expect teacher candidates and beginning teachers to challenge stigmatization and be more open to seeking help, this requires that we directly address the teaching profession and lives of those in the teaching profession more specifically. This includes developing a deeper understanding of how stigmatization is embedded within the dominant narratives of teachers, teacher education, and the teaching profession. I believe this study provides insight into this through narrative. The participants and I addressed stigmatization and fears that were directly linked to our identities as developing teachers. These are not addressed in the current campaigns and resources.

### **Implications for Theory**

In this study, narrative inquiry provided the opportunity to challenge stereotyping and stigmatization through the exploration of critical stories. Moran (2006) argued that there is value in studying the narratives of people with mental health issues because it allows us to see past the symptoms, which often dominate our understandings. The existing information that corresponds to students with mental health issues has focused mainly on surveys and taken a quantitative approach. Most often, the purpose is to measure the numbers of students with mental health issues and the frequency of their symptoms, meanwhile ignoring their lived experiences.

Kirkpatrick and Bryne (2009) emphasized that “individual stories help to understand the context and complexity of a person’s needs and supports” (p. 75). The authors’ narrative inquiry work with homeless youth experiencing mental illness demonstrates how narrative can be a way to gain knowledge about meeting needs while respecting the lived experiences of individuals. I feel this study also contributes to the mental health field, because it explores lived experience and provides a glimpse into the life of a teacher candidate and beginning teacher with mental health issues. It also demonstrates how valuable knowledge about meeting mental health needs can be found through narrative inquiry. This is because narrative inquiry gives participants the opportunity to tell their stories. Storytelling is also how humans share their experience and it is through narrative that we understand ourselves. Therefore, engaging in narrative inquiry gives the researcher and participants the opportunity to explore how they narrate their lives.

I believe that given the long history of oppression and stigmatization of stories of mental health it is essential to have the opportunity to tell one's own story about experiencing mental health issues. It has been discussed throughout this thesis how master or grand narratives have dominated our thinking about mental health issues. This has led to negative stereotyping, stigmatization and biases that oppress, isolate, and demean people who experience mental health issues. Thus, maintaining our own stories, in our own voice provided the *narrative authority* needed in a safe space within this inquiry for the participants and me to bring meaning to our experiences (Olson & Craig, 2001).

### **Limitations**

Narrative inquiries are generally longitudinal, but the data collection for this study lasted approximately one month. Furthermore, this study includes teacher candidates who experienced mental health issues and successfully completed their teacher education program. Two have continued onto graduate studies, one is employed as an occasional teacher, and the other is working full-time outside the teaching profession. They all continue to be actively involved in education and remain passionate about education in some capacity. Thus, this study excludes those who did not complete teacher education programs or who did not meet the requirements to pursue teacher education. Also, the study was limited to four female participants in a specific geographic area. This study could be duplicated with more participants across Canada, and from a variety of cultures.

We are also all teacher candidates and beginning teachers who decided not to disclose or share our experiences of mental health issues during teacher education. The experiences of those who did disclose may be very different. I often wonder if things would have been easier or more difficult if the participants and I had disclosed. Would we

have been met with discrimination, as we deeply feared, or met with the support we needed? Therefore, this study does not include the experiences of disclosing mental health issues during teacher education, or the stigma or support that may accompany such disclosure. It would also be worthwhile to explore the experiences of students who disclosed and got support versus those that did not.

### **Future Research Possibilities**

This research demonstrates how teacher education and the teaching profession can be a site for political and social transformation. The participants and I engaged in discussion and correspondence, and through this process significantly changed our perceptions of our abilities, identities, self-worth, and sense of place as beginning teachers who have or still are experiencing mental health issues. Through sharing with one another and forming relationships, we moved from a position of individual struggle and shame to a more empowered front. We live in a world of negotiated identity, one in which we continually construct and revise our visions of self. Franzak (2002) maintains that “Those of us who create ‘teacher’ as a part of our identities must negotiate the particular implications of our professional identities in relation to students, peers, the general public, our intimates, and ourselves” (p. 258). According to Yager (2009), an examination of identity requires a focus on the experiences that preservice students bring to teacher education, that ultimately shape their beliefs of teaching and teacher education. I believe the findings in this study offer future research possibilities including a longitudinal narrative inquiry that follows my participants as they continue in their education, personal, and professional paths. This would allow for a longer and more in-depth exploration into how they continue to enact change and *re-story* their lives.

Also, a method similar to mine could be adapted to courses or research projects with teacher candidates. In doing so, the researcher could explore the implications of reflecting on mental health and stigmatization as a vehicle for social action and social justice in developing teachers. Reflecting on stigmatization could encourage both teacher candidates who experience mental health issues and those who do not to examine the impact of stigmatization on their lives. Through reflection, teacher candidates may develop insights on how they can make personal changes in their own lives, and develop a deep understanding of the personal impact stigmatization has on their own lives and others.

It also would be significant to explore support and beliefs of both teachers and students experiencing mental health issues in the context of the Ethical Standards for the Teaching Profession—trust, respect, integrity, and care (Ontario College of Teachers, 2012). This exploration would give insight into how the Standards of Practice can inform our duty as teachers to respond to these needs in a professional and ethical manner. Future research could also explore how teachers' responses to cases of mental health issues are shaped by their teaching identity and teaching philosophies. Being able to question our beliefs allows us to “take our knowledge by surprise, provoke interesting thinking, new conversations, and transformations of knowledge” (Britzeman & Dippo, 2000, p. 32).

This research also could be furthered by examining the experiences and beliefs of other stakeholders in teacher education programs and the teaching profession, such as teacher associates, instructors, and administrative persons in relation to mental health. This could further inform policy development. Bringing in more perspectives through a narrative approach would offer new knowledge, while still addressing the complexities

that have been identified. These new perspectives could include teacher candidates with different demographics than those in the study (e.g., male participants, different location(s), older students, etc.).

### **Concluding Thoughts**

Although this thesis has come to an end, we must be reminded that this is part of a larger journey. In the introduction of this thesis, I aligned this journey alongside Siebers's suggestion that we "chart the road not yet taken to arrive at classrooms attentive to mental diversity of students and teachers in higher education" (as cited in Price, 2011, p. xi). I have used narrative inquiry to contribute to the literature by exploring the experiences and identities of teacher candidates and beginning teachers with mental health issues. Through the analysis of stories using the three dimensional commonplaces, I have attempted to break the silence that often smothers discussion regarding mental health issues in higher education and the teaching profession. The participants and I shared stories which have given a glimpse into the teacher candidates who experienced mental health issues. There is still a sense of uncertainty because there are many choices I must make about what I will do with my findings, and how I will continue to live this inquiry. As I conclude this inquiry, I reflect on my future:

This journey has brought me to a place of more questions. There are more questions about what I can do, the university can do, the teaching profession can do, and what Canada can do to challenge stigmatization and promote further understanding about mental health issues. I feel that being in a position of having more questions is ideal. This is because questions provoke further searching, reflection, and researching. Having more questions encourages me to continue to



live this inquiry. If I was left with all answers on this issue, things would be static. Rather, questions push me to further learning. They encourage me to return to my findings and examine what they mean for me and others. I look forward to having conversations about mental health in teacher education and the teaching profession, and in examining how the sharing of narratives and the use of narrative inquiry can challenge stigmatization and insight a cause for social justice. I am eager to engage in discussion with teachers and researchers in order to learn from them and share my own findings. I continue to reflect on the findings of this study and my own practice to reflect and envision a class environment that supports positive mental health. Yet, I also realize that I am just one part of my students' larger teacher education experience. Thus, it becomes pertinent to engage in dialogue with other instructors, the faculty, administration, and other stakeholders about mental health issues in teacher education and the teaching profession. Doing so requires me to put into action the findings of this study, and the courage to do so. In gaining this courage, I look to those sticky little leaves—the reliving of experience. I am inspired by the learning I developed from living alongside others' narratives and the care others showed in listening to my own stories. (Personal reflection, December 30, 2012)

The next important part of this process was determining what we all do to shape the future. The participants and I must determine how we will be influenced in the present and future. Will we stay silenced or will our voices be heard? Personally, I have begun to grow and change my self-identity as someone who did not belong and deserved to be excluded to a teacher who must belong and must be included. Part of these decisions, will

influence my ability to shape a meaningful narrative for the future. Ciuffetelli Parker et al. (2011) explain that:

It is one's personal lived experiences—school experiences and outside of school experiences—that make up the core of education. Because teachers' knowledge is found and lived in their narratives of experience, narratives of experience are, then, educative. And teachers' knowledge is found and lived in their narratives of experience. (p. 7)

The participants continue to be on a narrative journey as they navigate their stories of experience of mental health. Just as my stories continue, so do theirs as they continue on their journeys of beginning teachers. By placing my storied experiences alongside theirs, I have gained a better understanding of my own life narrative. Now, as I plan the next steps of my journey, I am much more prepared because of the knowledge I have gained and the *narrative reformation* I have undergone (Ciuffetelli Parker, 2012b).

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## **Appendix A**

### **Questions for Participants**

**Question 1. What stories do the teacher candidates and I tell about being in teacher education with mental health issues?**

- Can you describe your experience of becoming a teacher? Who are you as teacher?
- Could you please describe the mental health issues you experienced in teacher education?
- How would you describe your overall experience in teacher education? What is the most difficult event that you experienced? What was the most positive?
- Describe an event in teacher education that profoundly shaped your experience.
- Will you share a story from your teacher education year that shows how your mental health issue(s) influenced your learning or performance in your courses or practicum?

**Question 2. How do we describe our identities as developing teachers who have experienced mental health issues?**

- How do you describe yourself as a teacher?
- In teacher education, what was your idea of the ideal teacher? How did you come to this idea?
- Does the experience of mental health issues change this idea of the ideal teacher? Please describe.
- Did you share your experiences of mental health issues with others? Why or why not? Did you “be yourself” during teacher education?

- What aspects of teacher education were most helpful? Most detrimental? Can you remember a particular time that this came up? What happened?

**Question 3. How can narrative and story be incorporated into the study of teacher candidates and beginning teachers with mental health issues to challenge stereotyping and stigmatization, and to contribute to the professional development of teachers?**

- What stories have you been told about people with mental health issues? What stories have you been told about teacher candidates and beginning teachers with mental health issues?
- What suggestions would you make to improve teacher education for students who experience mental health issues? Can you think of a specific time when these changes would have helped you? What happened?
- If you could share anything with others interested in teaching and mental health issues, what would you most want them to know?
- Do you have a story to share with other teacher candidates with mental health issues?
- How would you describe today's experience of sharing your stories?

## **Appendix B**

### **Narrative Shared With Participants**

Mr. N. was a frequent occurrence in our Grade 5 class as an occasional teacher. He was the go-to supply for the class because he ruled with an iron-fist and we didn't challenge him. So every time our homeroom teacher was away, Mr. N was there. He was an older man, white hair, always standing straight with a stern look on his face. We were convinced he was ex-military, and somewhat terrified of him because of that. Yet there was one student who was not afraid of Mr. N., Ken, and he decided he was going to confront the fear and silence that contained order in the classroom. With a big windup Ken launched a ball at the chalkboard as Mr. N wrote our homework on the board. I gasped and slumped in my chair. The class stared in shock. Mr. N turned and "went crazy" as we later referred to it, screaming, waving his arms and opened the emergency door to outside and left.

Then the class laughed at Mr. N as he wildly gestured and screamed. That day at recess, one student explained how he had heard about people coming back from the war and being "shell-shocked or something, basically crazy." From that day on, Mr. N didn't stand a chance. He was fair game to us Grade 5 students. In our minds, he was asking for it. He didn't deserve to be there, he was crazy, and we had the right to make fun of crazy people. Everyday Mr. N arrived, the class would scream "bomb," make gunfire noises, throw things at him, slam books on the ground to make the loudest noise possible. Ken would brainstorm for the class what could be done to make Mr. N. "go crazy." We wanted to make him seem like he was at war. Each time Mr. N. gave us the "crazy" reaction we wanted, the more continued, until one day after a particularly upset episode

for Mr. N. he didn't return. We were told he retired and we would have someone new. In our minds, we were proud. We drove him “crazy” enough that we got rid of him. This was my first experience with someone I classified as “crazy.” I don't know anything about Mr. N's past or mental state, but in my mind I constructed him as someone who was “crazy.” He fit everything that I thought people with mental health issues were: easy to set off, violent, wild, and crazy. He was a laughing matter. He was someone we had a right to make fun of. This moved past the general teasing and challenging that occurs when a supply teacher enters the classroom. Even to this day, friends from elementary school still joke and say “Remember that crazy Mr. N? How the hell did he ever get a teaching position?”